THE INTERNATIONAL JOURNAL
OF
PSYCHO-ANALYSIS

VOLUME XXII 1941 PARTS 3 & 4

[EDITORIAL NOTE: *Owing to further severe restrictions upon the supply of paper, it became necessary, when the greater part of the present number was already in type, to reduce its contents. All the abstracts and reviews have consequently been held over. We hope that future numbers may contain approximately the usual amount of matter, but it will only be possible to effect this at the cost of an extremely drastic alteration in our format. Readers must therefore be prepared for an almost total, though temporary, eclipse of the amenities of the* JOURNAL.]

ORIGINAL PAPERS

EVOLUTION AND REVOLUTION [1]

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From the previous lectures in this course you have heard in considerable detail something of the more important respects in which psycho-analysis has contributed to our knowledge of social-psychological problems. From this final lecture, which is intended to some extent as a summary of the others, you may well wish to gather some hints of a practical nature about what it is desirable to do in the way of dealing with these problems. Science, however, has a tantalizing way of refusing to answer questions of this sort, rightly regarding them as outside its sphere when cast in such a form, and confining itself to stating—whenever it can—what measures have to be adopted to achieve such and such an effect, granted that someone desires to achieve that particular effect. Psychological science goes even further on this annoying path and, turning on the questions themselves, converts them into an object of study for its own purposes. Instead of answering the question, it proceeds to take an interest in the reasons for asking it and the motives behind the wish to answer it.

[1] Lecture delivered at the Institute of Psycho-Analysis, May 23, 1939.

Least of all can I gratify the wishes of those who may look for any psycho-analytical philosophy of life or *Weltanschauung*. There can in the nature of things be no such conception, any more than there can be a botanical or a chemical philosophy of life. All we can offer is a set of facts, of conclusions and considerations, which it is advantageous to bear in mind when reflecting on certain problems. Nevertheless I would not underestimate the value of what we have to offer. The prevailing muddle, to use a mild expression, into which the social relations of mankind have obviously landed, both intra-nationally and inter-nationally, is more than anything else due to ignorance of just those unconscious forces on the nature of which psycho-analysis is throwing so much light. To control and manipulate those forces, as we can do with so many other natural agencies, may prove to be difficult enough, but it is evidently altogether impossible so long as we do not even know of their existence. Psycho-analysis has already done very much more than reveal their existence. It has been able to tell us a great deal about their nature, and even about the conditions on which the control and modification of them depends.

The word ' Evolution ' has many connotations, among which the biological one is perhaps the most prominent. Here we are of course concerned with it in a sociological context, but we shall find that it is harder to separate the biological and sociological contexts than might be thought. It will be more convenient to begin with the other concept in the title, that of ' Revolution '. Most people, especially nowadays, are apt to be confident about what is meant by a revolution in society, and what are the characteristics of such a change. I do not myself find it so easy to apprehend the essential ones, and will invite you to follow my efforts to do so. This will necessitate a slight incursion into history before we can consider the psycho-analytical implications of our theme.

I suppose that the criteria which would most readily come to the mind in distinguishing a revolutionary from an evolutionary social change are the *speed* with which it was brought about, the *scale and importance* of the change, and the *violence* of the means used to effect it. Now let us see how these criteria really apply to the facts. In the first place we have to distinguish between political, social and material revolutions. Such a distinction has this much artificial in it that it is hard to get one without the others following in its train. Perhaps the political revolution is the one that comes nearest to existing in a relatively pure form. When it does, however, we often do not call

it a revolution ; it somehow does not seem important enough. We do not think of the replacement of the Lancastrian by the Yorkist dynasty, bloody enough as it was, as a true revolution ; it was so much of a replacement of one thing by another very similar in kind. The French in 1848 had a revolution whereby they replaced a monarchy by a republic, but we do not speak of the subsequent *coup d'état* by which Louis Napoleon replaced the republic by an Empire as a revolution, although the change had a certain amount of importance. Is it that in both these cases the agent of the change was not massive enough ? Must a revolution be effected by a large number, perhaps the majority, of the population ? This is seldom, if ever, so ; revolutions are usually engineered by an active minority and not even desired by the majority, though means may later be taken to secure the acquiescence of the latter. We describe the recurrent *coups d'état* of South American Republics as revolutions, when the number of people concerned, or interested, is often very small. Perhaps the best recent example in Europe of a political revolution was the *coup d'état* by which Mussolini not only seized administrative power but radically changed the form of government, though the change appears to have been approved by only a minority. The Nazi revolution in Germany differed in having a certain show of legality in its early stages, so that at least a thin thread of continuity persisted in the change. Both these political revolutions have been accompanied by considerable social changes and by some amount of material ones, the changes being much greater in Germany than in Italy. If we turn to our own country we can perceive a feature which will prove of some theoretical interest. What we call the Glorious Revolution of 1688, in which Parliament ignored the established laws of succession, was strictly speaking not so much a sudden revolution as one of the two or three peaks in a lengthy process whereby the Commons successfully asserted their supremacy over the Crown. This process, if we date its culmination by the Septennial Act in the reign of George I, extended over three-quarters of a century and has indeed gone on operating, in ever-diminishing measure, to the present day. Similarly the great French Revolution of 1789 itself was not extinguished when Napoleon seized power. It was followed by three smaller ones which in the course of a century achieved its aim of breaking the power of both the Monarchy and the Nobility. What the British call the American Revolution, termed by Americans the War of Independence, was again essentially a political revolution, but, trenchant as the event was, it may be also regarded as an episode in

the long endeavour to emancipate America from European influence—a process which some Americans complain is still not completed and which undoubtedly never will be until the stream of influences flows in the reverse direction, as it is visibly on the point of doing.

These last reflections suggest that some revolutions at least are only modifications of evolution and we may put the instructive question: is this true of all revolutions and, if not, what is the difference between those of which it is true and those of which it is not?

Let us turn now to revolutions of a different order, namely material revolutions. I will mention two of them. The great Industrial Revolution in England was most active from the middle of the eighteenth to the middle of the nineteenth century, although its operations extended a century before and a century after this period. Though essentially of a technical nature, it brought with it vast social and considerable political changes. One has only to think of the displacement of the landed gentry by the new plutocracy, the extension of the suffrage, and so on. In our own days we have seen a somewhat similar revolution initiated by Benz's discovery of the internal combustion engine. This has led to an ever increasing tempo in daily life, to a greater informality in dress and social manners, to an extensive urbanizing of the country and, above all, to the loosening or destruction of local topographical bonds through the greater ease of communications. Now it will be noted that these material revolutions do not satisfy very well the criteria from which we started. They were not accomplished swiftly nor were they brought about by means of violence. They were not, it is true, entirely dissociated from violence. In the former revolution many lives were lost in industrial rioting against the new machinery, while the complacency with which we regard the horrific annual slaughter on our roads betokens an attitude towards violence which psychologically is not altogether remote from a willingness to inflict it. Furthermore, at least in the industrial revolution, a ruthlessness was manifested which in its callous disregard for human suffering, and in its replacement of beauty by ugliness, could only have proceeded from a group of instinctual activities similar to that which in other circumstances results in open violence. Perhaps it is the dim perception of this feature that makes us unhesitatingly apply the term revolution to a process which at first sight would appear to differ greatly from the other changes we class as revolutionary.

The French Revolution of 1789 and the Russian Revolution of 1917 are perhaps the best examples of social revolutions. Naturally

they brought with them both political and material changes as well, but essentially they aimed at changing the social relationships subsisting between different classes in the community, the French one by attacking the social privileges of certain classes, the Russian one by attacking what is called the exploiting powers of certain classes. Of the three classes of revolution the social one undoubtedly evokes the most bitterness and hatred, a fact which leads us directly to consideration of the essential nature of revolution.

I would here put forward the thesis that revolutionary changes are, with a single exception, evoked by the identical forces that bring about evolutionary ones. We have seen that the element of time is not decisive: revolutionary changes may take centuries to produce their effect, while evolutionary ones need not necessarily demand a notably long period for their action. The vastness of the scale may be similar in both, even if this feature is sometimes more visibly striking with the revolutionary changes. The element of violence is not always prominent in revolutionary changes nor always absent from evolutionary ones. At most the degree of tension preceding the change may vary somewhat in the two cases.

Yet the exception I hinted at is of profound significance. What really marks off revolutionary changes in the strict sense from evolutionary ones is the feature of *destructiveness*. The practical test of its presence is whether the former and now displaced conditions are permitted to survive and co-exist with the new ones, or at least are transformed in such a fashion that their essential elements persist even if in a new guise.[2] When the avowed object of the change is the annihilation of something that went before, and the consignment of it to complete oblivion, then we can truly speak of a revolution. The attitude of Bolshevism to Christianity is perhaps the most striking modern example of this, and the intensity of it may be measured by the relentless way in which the truths of history are sacrificed in its interest.

By far the most pungent writing on the subject of revolution, at least so far as I know, is Bernard Shaw's *The Revolutionist's Handbook*. From its Preface I will quote the following passages that connect with my next theme :—

> 'Any person under the age of thirty, who, having any knowledge of the existing social order, is not a revolutionist, is an inferior.'
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> 'All who achieve real distinction in life begin as revolutionists.

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[2] I owe this formulation to my son, Mervyn Jones.

> The most distinguished persons become more revolutionary as they grow older, though they are commonly supposed to become more conservative owing to their loss of faith in conventional methods of reform.'
>
> ' And yet Revolutions have never lightened the burden of tyranny : they have only shifted it to another shoulder.'

The last sentence brings us back, almost cynically so, to the *astronomical* meaning of the word ' revolution ', which there relates to the way in which a celestial body, with eternal recurrence, traverses a curved path to regain its original position. Is it really possible, as Bernard Shaw's historical studies lead him to insist, that—apart from the element of destruction—revolutions merely re-establish on another plane similar conditions to what had gone before ?

We come at last to the psycho-analytical contributions that can be made to this subject. Bernard Shaw was doubtless right in saying that anyone under the age of thirty who is sensitive to life must be a revolutionary ; it is the natural path to manhood. But what does that mean in the language of the unconscious ? Surely no more and no less than the impulse of youth to displace the old, or, more specifically, the Œdipus wish to kill the father. This audience must already be so familiar with that theme, and all the previous lectures in the course have dealt so fully with it, that I do not intend to develop it here except to add one consideration of interest. It is often charged against revolutionaries that they crave for change for the sake of change rather than from a true desire for the new, and this charge is commonly enough borne out in the pathetic, and indeed tragic, feature of revolutions that the leaders after their success tend to reproduce just the attributes of their predecessors against which they had most vehemently inveighed : again we may quote a simple example of this from Russia, where the Cheka, later the Ogpu, exactly reproduced the notorious ' Third Section ' or Ochrana of the later Czarist *régime*, the descendant of the Oprichnina of Ivan the Terrible. We know that the attitude of the boy to his father is usually an ambivalent one, composed on the one hand of admiration with the desire to emulate him and on the other hand of hostility with the desire to replace him. The influence of the paternal figure may be so great that the boy, instead of developing something new and individual wherewith to express his own personality, often aims at simply displacing the father with the object of reigning in his stead in the same fashion as his father did and with his same attributes.

We know that a revolution is no time for timid leaders, and we are familiar with the tendency of power to pass into the hands of extremists, of those who have no compunction in taking matters to the uttermost point—that of murder of the Father figure. We are also familiar with the tendency to subsequent reactions and successful counter-revolutions which—as with the Restoration of 1660—are often joyfully greeted by the populace. Both these features are intelligible in the light of the Œdipus complex. Those in a state of misgiving attempt half measures which are swept away by the more full-blooded rebels. Then comes the later wave of remorse that favours the counter-revolution unless the previous *régime*, as in Russia, had become completely despicable.

The most interesting question, however, and by far the most important one sociologically, is why it is that some revolutionaries are content with seizing power and changing social or political conditions, while others are possessed with a fury of destructiveness that cannot contemplate any continued existence of the things displaced. Whence this bitter hatred and intolerance, the effects of which are always regretted by later generations who realize what they have lost for ever? We find the same contrast in our patients. With some the Œdipus complex follows a straightforward path of development which enables the individual to oppose, resist, fight and even dispossess his various rivals in life with a relatively easy conscience: it is of the essence of life that every generation strives to measure itself with, and where possible surpass, the preceding one. With others the matter is more grim. For them life is not a game, or even a battle, but a very deadly affair in which everything is at stake—something that is more than life itself. They take very literally the old saying: all is fair in love and war. And they are prone to descend to the most malicious and underhand ways of gratifying their hate, gloating over the discomfiture or destruction of their opponent and trampling with fury on his remains or possessions. To what can we ascribe this remarkable difference in the two cases?

You will probably know that at present much of psycho-analytic research is concentrated on the difficult problem of the aggressive or destructive impulses, and that investigation is being eagerly carried out into their nature and their relationships. It is a study that is very far from being completed and there is a considerable divergence of opinion among analysts over several of the issues. You will know, for example, that Freud's suggestion of an innate self-destructive tendency, which

he calls the ' death instinct ', has not found very wide acceptance among analysts. This is not the place for me to enter into a discussion of these vexed problems, which are certainly not solved at present. But I should like to offer two contributions which I think most analysts would find their experience confirms.

The maliciousness, hatred and often cowardice that so characterize the destructive type of revolutionary indicate, as indeed we find in our actual clinical practice, that such a person has not less sense of guiltiness, but more, than the more moderate variety. Something, therefore, must have happened internally to allow him to pursue his murderous aim with the callousness, ruthlessness and apparent freedom from guiltiness that are the attributes of the typical destructive revolutionary. The Jacobin has been able to do something about his sense of guilt which the Girondin could not. It is not a simple matter of repression. In my experience what has happened is that the sense of guilt in such people has been disposed of, or successfully kept at bay, by their developing in a specially high degree the paranoid mechanism of projection. They have persuaded themselves that their opponents are so unspeakably evil that they deserve no better fate than torture and death and that to inflict this, so far from being a guilty act, is a laudable one. They feel as noble as St. George did when crushing the dragon. In their state of exalted conviction they find it easy, in certain circumstances, to infuse a following with both dread of the wicked enemy and loathing for him, and at the same time to inspire them with confidence that if they follow their noble leader the good cause must triumph. We reach thus the conclusion that a successful revolutionary must be more than a little mad and I leave it to you to judge whether experience does not bear this out.

The mechanism of projection is of course in itself quite normal, and there are stages of infantile development where it plays such a prominent and unmistakable part as to suggest the use of the term ' paranoid stage of development '. We are constantly learning more about the factors that stimulate it, the inter-relation between it and states of depression, etc., but these are technical questions that I cannot pursue here. It is extremely probable that the strength of this mechanism, and the extent of the use made of it, vary also with the inborn constitution. Please do not think, however, that I am recommending this type of constitution as a recipe for the manufacture of revolutionary leaders. On the contrary, the large majority of people of this type, if they do not develop actual insanity, become querulous,

resentful, suspicious and unhappy creatures who are useless to themselves or their fellows. It is only in highly special circumstances, both personal and social, that one of them finds an opportunity to achieve notoriety.

My second point is perhaps best introduced by means of an illustrative example. In the second millennium before Christ there lived an Egyptian King, Amenophis IV (later re-christened Akhenaten), who deserves to be known as the first revolutionary of whom we have much knowledge. On succeeding to the throne he overthrew the local prevailing religion, with its Theban God Amun, and for the first time in history instituted an universal monotheism. The story has gained in historical interest since Freud (1939) in his recent book on Moses has made it highly probable that here is to be found the genesis of both the Jewish religion and, indirectly, the outstanding characteristics of the Jewish people. The revolution was of a peculiarly destructive kind. Towns associated with the previous God Amun were deserted or destroyed, the word itself was obliterated from the name of the Pharaoh and his father, and immense energy was expended in erasing it from all inscriptions throughout the land. Twenty-seven years ago Abraham (1912) wrote an essay on Amenophis' revolutionary deed, which he explained in the light of the Œdipus complex as a revolt against his father. This explanation is doubtless correct, but it has been amplified in an important respect through later knowledge. Mr. Strachey (1939), in a recent paper, has pointed out that Amenophis, according to recent Egyptological discoveries, was almost certainly extremely feminine in disposition, so that he probably possessed what is called a negative Œdipus complex in addition to the familiar positive one. This Mr. Strachey correlates with the pronounced ambivalence of the Pharaoh towards the divine Father substitutes, the annihilating hatred towards Amun and the adoration of the universal and omnipotent Aten.

Now I would venture a wide generalization from this example. It has long been known, particularly from Freud's (1911) Schreber analysis, that paranoia is especially closely related to homosexuality, and I am inclined to think, also on the basis of my own analytic work, that there is a specific connection between the deadly and destructive kind of hate and the action of a paranoid defence against sex inversion, or—more strictly—against the incorporated 'bad objects' resulting from this inversion. If this proves to be true then we shall have acquired some valuable knowledge about

the psychology of revolutions and shall have a basis to work on when we begin to inquire into the practical possibilities of increasing the good and diminishing the harm pertaining to this recurrent social phenomenon.

I will now pass to the less stormy, but no less difficult, problem of social Evolution. This is in the first place bound up with the question of social progress. In the second half of the last century few would have doubted the reality and solidity of not only social progress but also human progress. The difference between the assumedly bestial cave man on the one hand, with his savage propensities and his almost certainly undainty behaviour at the dinner table, and the refined Victorian gentleman on the other hand was so very striking that it was hard not to regard them as essentially different beings and to preen oneself on the enormous change that had come about in our species in the past 10,000 years. To-day our perspective is in many ways different. We know now that in all probability there were high civilizations 10,000 or perhaps more years ago, and that the species *homo* may well be a million years old. More critically objective standards have been applied to the nature of different culture levels. And, last but not least, we have seen in our own generation famous civilizations deteriorate to a level that would have been completely unbelievable forty or fifty years ago, to a level that has only occasionally been reached in the history of mankind. All this must make us very sceptical about identifying social with human progress, for it is certain that great social changes can be brought about without in any way altering man's essential nature.

When speaking of revolutionary changes I called attention to the destructive elements that so often accompany them and said nothing about the creative, altruistic and idealistic elements that are at least as important. It is generally found more convenient to treat of these in connection with the process of evolution, but I want to guard against simply identifying the destructive elements with revolutionary changes and creative ones with evolutionary ones. Both may be operative in either kind of change, which is why I do not make the usual sharp distinction between the two kinds. I consider the positive motives are fundamentally similar with both, although I do think that the circumstances accompanying revolution tend specially to favour the action of destructive forces and that when that is so the amount of destruction is usually grosser and more irreparable than it is in evolutionary changes. At all events let us now inquire into the nature of

the idealistic and creative forces, those which are often called the forces of progress.

Psycho-analysis has contributed a great deal to our knowledge of these forces, and previous lecturers in this course, particularly Dr. Rickman, have already expounded much of it. We are far from the days when analysts were prone to cite the blessed word ' sublimation ' as the *deus ex machina* in all social and idealistic impulses. Things have proved to be very much more complicated than they seemed in the early days of psycho-analysis.

The outstanding discovery of psycho-analysis in this context has been that many—and some analysts would be inclined to say all—of the original discoveries and betterments and improvements of all kinds that previously were attributed to the action of purely creative impulses are rather to be regarded as by-products resulting from the action of certain defensive mental mechanisms. The endeavour to escape from unconscious guilt and anxiety leads to infinitely varied mental activities, some of which produce what may socially be called ' improvements '. To the idealism and self-esteem of mankind it is a chastening reflection that so much of what he is most proud of is merely an accidental result of the flight from fear and pain, that a bad conscience should prove to be one of the prime motors in even our loftiest strivings. Still if it is true we must make the best of it and learn modesty in the process. I would warn, however, against premature generalizing in this matter. While it appears to be true that the genesis of idealistic and altruistic strivings is much more complex than used to be thought, and that in this genesis what may be called negative, reactive or defensive agents undoubtedly play an important part, that does not at all exclude the operation of more purely positive, creative agents—broadly speaking, those emanating from the love instinct—which indeed may well be factors in guiding the former set into less egotistic directions. The discovery of the importance of hate, for example, does not necessarily diminish the importance of love: it may even enhance it. In our investigations we have perforce to concentrate for a time on one or another aspect of these problems, but in presenting our results we should do our best to retain a sense of balance and proportion.

The evidence at present available goes to show that both evolutionary and revolutionary movements affecting a community are extensions of mental processes that are essentially individual in origin. By this I mean that individuals in attempting to deal with their

personal (and therefore family) conflicts make use of the idea of society in general as a region where their conflicting impulses may be depicted, expressed or worked out. I shall say something more presently about this process, which might be called the socialization of personal impulses.

What now can be said about the motives that impel an individual to effect changes in his surroundings ? When does his dissatisfaction with them wax so great that he is led to act ? Psycho-analysis demonstrates a very close correlation between this outer dissatisfaction and the inner dissatisfaction with the self. It is truly astonishing how someone possessing inner self-content can placidly endure surroundings that most people would consider urgently call for radical alteration. The internal agency that registers self-dissatisfaction Freud terms the super-ego, and the quantity of self-dissatisfaction can otherwise be expressed as the degree of tension between the super-ego and the ego. At this level the conflicts have been extensively moralized, so that we may equally well speak of the degree of reprobation with which the super-ego regards the ego for failing to reach its ideal standard. But behind this unconscious sense of guilt lies the still deeper problem of anxiety. The criticism on the part of the super-ego is ultimately, therefore, a defensive mechanism designed to prevent the generation of anxiety in the ego, or—put in more ideational language—to protect the self from the supposed dangers arising from id impulses. In the last resort, therefore, we may say that inner content is equivalent to a sense of security.

The ideas of danger are visualized by the unconscious ego as concrete evil objects, derived from distorted pictures of either persons or bodily parts of persons, principally the parents. The dangerous objects are alternately imagined to be within the self—or rather the actual body of the self—or in the outer world. There are two fundamental ways of countering them, apart from other defence-mechanisms to be found on a higher level. Either one attacks them in the hope of sadistically destroying them or one seeks for safe, ' good ' loving objects which shall neutralize their evil power. In the Middle Ages one either prayed to God to be protected from the machinations of witches or else one burned the supposed witch. A third method, and the one most extensively used of all, is to allow the evil powers to operate in phantasy, checking their action in reality with the aid of various devices, and then to counter their bad effects by reparative or restitutive processes that are intended

either to undo these effects or to make them good by compensating for them.

According as one or other of these three mechanisms predominate with a given individual so will a particular type of personality result. We are familiar with the way in which in religion love of 'good', leading to piety and charity, alternates with hatred of 'evil', leading to denunciation and intolerance. Micah, Jesus and St. Francis contrast here with Savonarola, Calvin and John Knox. It cannot be denied that the latter make the more vivid and lively personalities, but it is probable that the teaching of the former has the more lasting effect. What is true of religion here is true of life in general.

The first type, where the desire to love and be loved predominates, is found *in excelsis* in the *saint*. The saint, as distinct from the ascetic, does not cope with the evil of the world; he averts his gaze with a sigh. Nietzsche said once: 'Where one can no longer love, one should pass by.' At the other extreme we have the personality where the internal turmoil is so vehement that it can be dealt with only by provoking and thus reproducing a corresponding violent turmoil in the outer world. Such a person makes the typical social agitator or, on another level, the nihilistic *revolutionary*. Between these extremes there is the dissatisfied meliorist, whose restitutive impulses acting in a piecemeal fashion make him into a *social reformer*.

The reason why these distressed personalities become people with a pronounced attitude towards the universe, or, more strictly, towards society, is that the fundamental mechanisms of introjection and projection permit of extensive displacements. In the place of the parents who are alternately loved and injured, or towards whom complex processes of restitution are set in motion, there appears the concept of society as a whole with all its rich 'good' and 'bad' components. The impulses of love and hate, of reparation and restitution, together with the sense of guilt and the ever-present anxiety, undergo a tremendous socialization. The person is convinced that what he is thinking or feeling began with the idea of society and solely refers to it. He is quite unaware that only a part of it really relates to society and that the greater part was generated in a more personal field, that of his attitude towards himself (his body and its impulses) and his parents, a field which has now been replaced by the social one.

I pointed out years ago that there would appear to be an optimum point, where there is neither too much nor too little repression, in relation to which the maximum amount of sublimation occurs. One

may venture a similar statement on the conflict between the search for 'good' and the destruction of 'evil', between the forces which Freud has personified under the names of Eros and Thanatos. The former would seem to have more lasting qualities, the latter more dramatic ones.

The further question is in what circumstances do these socialized motives of individuals coalesce to produce mass effects? Previous lecturers have to some extent considered such phenomena as mass infection, mob manifestations, and so on, and Dr. Bibring has dealt at length with the important problem of leadership. I will only say in regard to this that the hope and sense of omnipotence which leaders offer naturally make their greatest appeal when the opposite attitudes are widely prevalent, namely depression (with perhaps despair) and the sense of inferiority or unlovedness. We know from the psychology of individuals that the presence of these attitudes indicates a deep-seated sense of guilt which is being inadequately met by other measures. The source of this guilt is sometimes a sociological problem, but we have to remember the latent sense of guilt in all human beings which is apt to be stirred by any great misfortune or privation. The Hebrew custom of meeting misfortune by having recourse to sackcloth and ashes was a frank recognition of this, but more often the sense of guilt is denied and replaced by projective accusations against others in an attempt to ward off unhappiness and feelings of inferiority. In short, the preliminary condition necessary to the emergence of a forceful leader is suffering. Whereas, however, the saint responds with a 'Come unto me, all ye that labour and are heavy laden, and I will give you rest', the leader of revolt cries 'Follow me, and I will give you revenge on those who caused your misfortunes'. In the latter case Evolution becomes Revolution.

I come finally to the most important topic of all, to the difficult questions of whether any biological evolution is taking place in the sphere of the mind and of what constitutes permanent progress. Here the distinction between the effects of tradition on the one hand and of true evolutionary changes on the other can be extensively paralleled by the distinction between material and spiritual progress respectively; for it is material progress that is handed on by tradition, while innate spiritual changes would have to be biological.

It is evident that most of what we prize as civilization and culture, whether in the sphere of knowledge or in that of social institutions such as law and religion, has been laboriously acquired by individuals, made

the common property of their fellows and then passed on to successive generations each of which has to acquire it afresh. To take an example : if a human community had to begin again in some isolated continent æons would have to pass before it would once more develop a knowledge of insulin therapy or of wireless technique. It is only the ignorant who suppose that a garage mechanic because he can use the telephone and manipulate an internal combustion engine is intrinsically superior to, or has a better brain than, an Athenian gentleman of the fifth century B.C. who had none of the requisite knowledge at his disposal. And in the course of millennia knowledge and social institutions grow to a high level and are again and again utterly destroyed. The sole agency that can preserve them from such a fate is a continuous tradition ; if this is badly interrupted most or all is lost and mankind has once more to resume its painful efforts. Calamities of nature, such as those leading to famine, may thus interrupt the continuity, but much more potent are the human activities of War and Revolution. Most, and possibly all, that distinguishes us from primitive man, what we treasure most highly and preciously, is safeguarded by one thing only —*continuity of tradition*. This is a consideration often lost sight of, but always at a heavy cost.

Turning now to the matter of progress in the realm of the spirit we must confess that we find ourselves in a region of obscure speculation with hardly any light of knowledge to guide us. Almost the sole ray is Freud's theory, to which I adhere, concerning the development from the pre-totemistic level of the primal horde. It seems to me probable that the chain of links : parricide—talion fear—guilt—remorse —homosexual, fraternal bonds : does provide a chronological series leading from primitive man to complex social life. But it is hard to get further than this. Freud's opinion that these traumatic events leave inherited traces that accumulate is quite incompatible with modern biological theory and, to me at least, would seem inherently improbable. It is not hard to suppose an alternative : that the social utility of these processes has in itself enough selection value to have effected some biological change. But if such change has come about at all in the past half million years it must still be a very slight one, as is evidenced by the readiness with which regression so often takes place.

Yet any permanent and innate change in the spiritual nature of man can, so far as we can see, be brought about only by a process of selective breeding. The feeble and chaotic attempts hitherto made in

this direction, for instance by our nobility, have produced too indefinite and inconstant results to permit of any useful conclusions being drawn from them. The science of heredity cannot get to work on the problem until something is known of the mental elements with which we have to do, the genes of the mind. And in my opinion it is only psychoanalysis that will enable us ever to isolate and define these. Freud has provided us with an invaluable tool for research. When enough knowledge has been accumulated by such research there will arise some day a genius who will place the necessary conclusions at the disposal of practical geneticians. And then perhaps a ruler may appear who shall put their advice into operation. He would be the first wholly beneficent Revolutionary, and it may well be that he would confirm Bernard Shaw's interesting prediction that ' superiority in the unconscious self will be the true characteristic of the Superman '.

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TYPES OF ANXIETY NEUROSES

BY

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NEW YORK

[EDITORIAL NOTE: *Our readers will share our feelings of regret that this must be the last contribution that we can publish from the pen of its distinguished author. The early and tragic death of Paul Schilder at the end of last year was a heavy loss to psychiatry and to psycho-analysis. The following paper dates from the year* 1939, *but there was no opportunity for submitting it to the author for his final revision.*]

It was a great step forward when Freud (1926) stated that anxiety is a reaction to danger.[1] That danger may be an external or an internal one. According to Freud anxiety is a danger-signal on the part of the ego which initiates repression. The internal danger in his view is a perception of the rising sexual impulses in connection with the Œdipus complex. If the subject were to give way to his sexual impulses he would be in danger of being punished: the love of either parent might be withdrawn from him. Furthermore, the boy might suffer castration, mutilation and dismemberment, while the girl might be torn by her father's penis or might be robbed of the inside of her body and might face mutilation and dismemberment. These formulations go beyond the Freudian formulations in so far as Freud considers only castration as the final threat. As usual, he considers in the main the castration fear of the boy and thinks of the structure of the castration fear of the girl as equivalent to that of the boy. I have repeatedly stated that in my view the castration complex of the girl differs fundamentally from that of the boy. The girl is afraid that her sexual organ may be torn by a disproportionately large male organ or that her sexual organ may be occluded; and beyond this she has a fear of losing the receptacles within her body and of having no organs in which she could receive and hold either a male sexual organ or a child.

The external danger is for the most part incompletely described in psycho-analytical literature. If a child loses the love of his parents he is threatened not only with a lack of love but also with a lack of food and a loss of equilibrium. There is, furthermore, a danger of mutilation and dismemberment. The final fear of death summarizes all these dangers and, moreover, includes a fear of being deprived of the power of movement.

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[1] Compare also the formulations in my *Medizinische Psychologie* (1924), which was published earlier than Freud's book.

Melanie Klein (1932) has justly pointed to another fundamental fear, namely the fear of being deprived of the inside of the body. I have already mentioned that the girl may be afraid of losing the receptacles for the genitals. There is, however, a further fear of being deprived of the gastro-intestinal tract and of the whole inside of the body—a fear which is, of course, common to boys and girls. Experiences with schizophrenics have shown me that the subject may finally be afraid of being deprived of the food he has ingested and of his fæces. This fear is linked with the fear of being deprived of food, since in our ' unconscious ' the infantile idea is still alive that the inside of the body consists of the food which has been ingested into the body (Schilder and Wechsler, 1935). Bromberg and I (1933*a*) have shown that fears of castration and dismemberment form the main contents of the picture in alcoholic hallucinosis. I have seen these fears reach a peak in a patient suffering from alcoholic hallucinosis who was threatened by voices declaring that everything would be taken out of his body so that he would consist only of bones and the skin drawn over them : and he finally experienced this process.

Further, Melanie Klein is right when she states that the child regards as his weapons of aggression not only his striped muscles in action but also his fæces and urine, which may burn and eat away parts of the body.

It is to be expected that an individual threatened with the dangers which we have enumerated will not and cannot react to these dangers merely by giving in and by suffering this terrible punishment. Furthermore, he will experience more aggression in others the more aggression there is in himself. In other words, the aggressiveness which is feared from other people is in part the projection of one's own aggressiveness. It has also to be considered that the sexual instinct is in itself combined with aggressiveness, and that an overwhelming sexual impulse will be experienced as colossal aggressiveness. We may thus expect that the individual will be more afraid of the consequences of his sexual impulses the more those impulses are coupled with aggressiveness. The fear of punishment may be followed by a sense of guilt and by an impulse towards self-punishment. Helene Deutsch (1928) has shown that a patient suffering from anxiety neurosis (agoraphobia) has hostile impulses against his incestuous love objects, while at the same time he identifies himself with them. Aggressive impulses in cases of anxiety neurosis have also been found by Bergler (1935) and Hitschmann (1937).

My own studies have confirmed the importance of aggressiveness in the psychological structure of cases of anxiety neurosis. One can, however, go even further and classify the different types of anxiety neurosis according to the quality and structure of their aggressiveness.

In the first group of cases the aggressiveness is directed against the love object as a whole. There is a tendency to wish the loved and hated person dead, but no impulse to dismember him. Cases of this type may be agoraphobic or may suffer from a fear of sudden death. The fear of going insane is not in the foreground. Space is measured as the distance from the love object or from the place which symbolizes the love object. Pregenital sexuality does not play an outstanding part. The hostility towards the love object is very often not fully conscious.

In the second group of cases the hostility does not tend merely towards the removal of the love object but seeks a more far-reaching destruction. The anxiety attacks lead to a fear of being dismembered. The love object appears as someone who threatens to push the subject into an inferior position. Pregenital sexuality becomes more important. Obsessional trends are more pronounced. Claustrophobic elements may also be present. There are more severe distortions of space. The fear of going insane may become more important.

The third and last group puts the theme of dismemberment in the foreground. There are severe distortions of space. Violent impulses are more outspoken ; pregenital sexuality plays a still more important part. It may sometimes be difficult to differentiate cases of this type from cases of obsessional neurosis and compulsions. Depressive features may be added to the picture.

Classifications of this kind are, of course, to some extent arbitrary, but it is important to keep in mind the fact that anxiety neurotics differ in their attitude to their love object and in the quality of their aggressiveness. Moreover, the relation of the anxiety neurotic to space becomes different when his aggressiveness is directed not merely towards the removal of his love object but towards its more or less complete destruction and dismemberment.

I base these discussions upon the prolonged analysis of 11 cases. Some of these have been in analysis for more than five years, and some have come to me after having been analysed for years by others. In some of the cases the analysis was of the usual type, while the majority of the cases have been treated at one time or another in group analysis.

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I start with the discussion of cases of the first group. Rose was a woman of about forty years of age who had been in analysis by other analysts for more than four years. Her most outstanding symptom was an inability to walk alone in the street. Between the fifteenth and thirtieth years of her life she was hardly able to leave the house. She then married a man whom she considered her inferior. She had one child. During her first analysis she developed an enormous positive transference. She wrote love poems, insisted that she wanted to marry the analyst and after two years was so much incensed at his failure to marry her that she left him. Similar transferences developed to two subsequent analysts. She made attempts with two women analysts but soon developed hostility towards them. There were short periods in which she could walk alone for short distances. When she came to me for treatment, however, she could not leave the house alone and even when accompanied had difficulties in travelling long distances. Once more she started the analysis with a strong positive transference. She insisted that she should marry the analyst and had orgasms with her husband only when she imagined the analyst during the intercourse. It was easy to show that there was great hostility towards the analyst. This hostility was derived from hostility towards her mother, father and stepfather. She lost her father when she was four years old. Prior to that time he had been absent for a long period, and it may be assumed that she never got over the feeling of having been deserted by him. At six she wanted her stepfather to give her some bread at table but he gave it to the others first. The indications are that her genital attitude was outspoken at this time. Between six and eight she managed twice to get oldish men to play with her genitals. Outwardly she was deeply attached to her mother, and slept with her, keeping her breast in her hand. She was conscious that she wanted to sleep with her mother in order to prevent sexual relations between her and her stepfather. Death wishes against her mother and stepfather were manifest. In the transference situation the underlying hostility towards the analyst often came to the surface. She indulged in phantasies of harming him and his wife, especially at times when he went on vacation. She even thought of inducing her husband to kill the analyst, and also had phantasies of putting banana peel in his wife's path when she was pregnant so that she should have an abortion. She thought also of stealing the analyst's charts and destroying them, in order to hurt him. During the treatment she repeatedly went to the woman analyst who had analysed her last, in

order to complain about the analyst. Active therapy succeeded in making her go out alone and even cross bridges—which she had particularly feared before, even when accompanied. Every active step brought new waves of hostility. She finally regained complete freedom of movement. She insisted, however, that she could not live without the analyst and complained of bitter pains while thinking of him. The patient was convinced of the value of a restrictive diet, which she imposed upon her son and her husband. She had a conviction that the analyst, who did not keep to these dietary rules, would die early unless she saved him. At the present time, after about two years of treatment, she has been sent to a woman analyst, since it was not possible to break the positive transference. Death wishes against her mother were more or less on a conscious level from her earliest childhood onwards. There was never any fear of insanity. At the time when she was unable to walk she wanted to be near her husband or in the house. There were grounds for complaint against her husband, who was unreliable, lazy and not entirely honest. She was occasionally treated in a group, but was so wrapped up in her own problems that she hardly ever participated in the problems of others.

The death wish against the patient's mother and father were obvious in this case. The death wish was stronger against her mother. The anxiety was a fear of being removed from her love object, especially her father. Her impulse to self-punishment was not derived from an identification with her mother. She felt keenly that her love object attacked her by withholding food and love from her. She planned revenge and was afraid that she might be punished for the revenge. There was fear of aggression on the part of her love object, the most important part of it being a fear of desertion.

The second case of this group was a comparatively young man, twenty-three years old, who came into analysis a few months after the symptoms had started. He was at that time a student in a law school and had begun to serve subpœnas for lawyers. When he had to go at all far away from the district in which he lived he felt weak, his heart would beat fast and he was afraid he was going to faint and to die. Only occasionally he was afraid of going out of his mind ; and this meant for him merely that he would get confused, not know what to do and would be in the centre of public attention. Finally he had to be accompanied on his way to school and work. He lived with his mother and a brother two years older than himself. He was afraid to

stay alone in the house, but he also felt ill at ease when he was alone with his mother and his elder brother was out. He thought his mother might suddenly get ill and die and he would not be able to do anything. The brother coming home would find them dead and kill himself. He was also afraid that the brother might die by an accident. Then the mother might die from excitement and he would die too.

The patient's father died of tuberculosis when the patient was four years of age. The life of the family was overshadowed by the fear of tuberculosis. The patient has a brother two years older and a sister one year younger than himself. There was sexual play between him and his sister, with very strong feelings of guilt, starting at the age of four. His sister died at the age of eleven by a tuberculous hæmorrhage. The patient felt relieved, because he thought his sister might have become a prostitute owing to the early sexual play and that he would have been responsible for it. Around the same time his brother forced him to anal intercourse. The patient was very tall; he had been very thin in his childhood and his mother warned him continually that he must eat more or otherwise he would die. After the death of his sister he began to suffer from nose-bleeding, which he considered a sign of impending death. He must have felt responsible for his sister's death in consequence of their sexual play and he identified himself with his sister as a punishment for his sexual activity. The feeling of relief after his sister's death was merely an overcompensation. It is, furthermore, probable that he considered any hæmorrhage as being a consequence of the passive sexual rôle in sexuality which had been imposed on him. He felt pushed into this passive rôle by his brother not only because of the sexual acts which have been mentioned but also because of repeated beatings administered by his brother. The following formula was thus formed in his mind: to be weak—to be passive—to bleed—to die.

His mother played a double rôle in the scheme. She was somewhat aggressive, not very tender and continually forced him to eat. She had a stationery and candy store and, as happens under such conditions, never gave her undivided attention to the patient. Occasionally he stole candies. On the other hand, he threw away other food which she tried to force upon him. Lately he developed an enormous hate against his employer, who 'bosses him around too much'. He had a conscious wish to strangle him. There was also a strong attachment to his mother, although manifest interest in her body never emerged. He was not inclined to give any deep interest to any other woman,

and his sexual experiences consisted chiefly in having intercourse with girls he picked up with friends in the street. His attitude was shown by two dreams. In the first he tried to have intercourse into the stem of a pipe which was rather too narrow, and in the second he had intercourse by putting his penis between the ribs of a radiator, the space being rather too large. In a summer resort he tried to have intercourse with some of the women there but they all said they were menstruating.

The patient hardly brought any free associations when he was alone with the analyst but reacted fairly favourably in the group. His symptoms disappeared after a few months of treatment and he did not come for several months. He came back after a lapse of one year, this time with the fear that he might not be capable of eating. This, however, did not hinder him in his profession as a lawyer. The analysis of the symptom again showed the displacement from the genitals to the mouth and the fight to protect his openings against something that was being forced into them. His general mode of living was still unsatisfactory. Although he was fully potent, he had no human relation at all with the girls with whom he had intercourse. He still wanted to reserve his libido for his mother. (The patient never masturbated; he gained his early knowledge of sex on the street.[2]) His life in general was very dull.

The fear in this patient was the fear of being forced into passivity, to which he replied by counter-aggression, which in turn increased his fear of punishment. He answered that by self-punishment and identified himself with the sister whom he had attacked. It is questionable whether the death which he wanted to inflict upon his brother and his employer was a further motive for his fear of dying (by identification). There is no question that he identified himself with his dead father, whose place he wanted to take in relation to his mother. (When he went out with nice girls he was afraid he might faint and might not be able to protect them.) The oral trends were outspoken in this case. He was, furthermore, afraid of being conspicuous since

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[2] The patient was also orgastically potent in Reich's sense of the term. I have seen full orgastic potency comparatively often in severe neurosis. The correlation between the quality of orgasm and the severity of a neurosis, if it exists at all, is not a close one. Reich's statements in this respect are too schematic. Neurosis is not a disturbance of orgasm but a disturbance in human relations and in psychosexuality

he was tall, did not want to be seen with girls who were not good looking and was afraid of attracting attention by fainting. Exhibitionistic and voyeuristic trends are, as is well known, not infrequently found in cases of this type.

Several cases which I have analysed in previous years and which are not included in this series show similar characteristics. I will only discuss one patient, who is at the present time still under treatment and who came into the hospital after he had been analysed for six months by another analyst. His symptoms consist in a fear of death, anxiety, painful sensations around his heart and difficulties in getting his breath. The patient swallows air. The case is almost inaccessible for free associations. He is a thirty-three-year-old physicist, who developed his symptoms at the time when he and his wife had decided to have a child. He was, moreover, about to gain some measure of independence, which he had not so far possessed : for he had previously been dependent either on his parents or on his wife and had only occasionally made money by teaching. He complains that in his relations to his parents he never got a sufficient amount of love, although all his memories are of friendly actions by his parents. His first memory is at the age of four, when he fell in love with a girl of fifteen. His father died when he was sixteen, but this did not make any impression on him. He remembers only once being beaten by his father, at the age of eleven or twelve, to which he reacted with the wish to kill him. Before puberty he tried to draw a girl's attention by throwing stones at her. When at the age of twenty-seven he fell in love with a girl, he wrote her biting letters ; and when he was rejected he married his present wife whom he did not love. He divorced her after a month but remarried her after he had found out that she was promiscuous. During the last few years he has lived with his wife and is fully potent. He has no deep affection for her and has used his neurosis in order to separate from her. He is unwilling to give associations and rejects all interpretations ; he is bland and self-satisfied, does not desire any emotions and complains that nobody wants to help him. It is interesting that as a physicist he is interested in very low temperatures. Though only a preliminary insight is possible in this case, the patient evidently seeks to show by his neurosis that he is deserted (which he feels as aggression on the part of other people) and that he needs help. He wants to gain love by aggression and it may be suspected that he wants to be dead (which means cool) like the love object.

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From the second group of cases a woman may be mentioned who suffers from a fear of sudden death and experiences difficulties in breathing. The neurosis dates many years back and followed a severe infection after an abortion. She married immediately afterwards. Her present husband knew of her previous experiences, and she feels hatred and contempt for him. She is, however, dependent on him. When she feels worse he has to accompany her and she even prevents him from going to work. She is quarrelsome and aggressive in all her personal relations, and has severe hostile outbursts against her father and her mother and also against the analyst. Her earliest memories go back to the age of two or three, when she broke her teeth in a fall, by which her grandmother was so much frightened that she had a hemiplegia. There is a history of early outbursts of unmotivated hate against other children and of interruptions of her respiration. On the advice of a physician, her mother gave her a beating, after which these attacks ceased. There is also a history of quarrels between her mother and father going back to a very early age. Her mother very often responded to these quarrels with fainting spells. Moreover, her father suffered from attacks of asthma, to which the patient reacted very early, at about the age of seven. There were scenes of violence between her younger brothers and her mother. The patient identifies herself chiefly with her mother and her fainting spells, but also with her asthmatic father. Her aggressiveness repeats to a great extent the intra-familial fights. Her desire to smash things and her open wish to make murderous attacks belong to the same category. She has had a great number of physical illnesses, which are partly due to repeated abortions and subsequent infections, though she also suffers from attacks of asthma and hay fever and has undergone numerous small operations. In its structure the case somewhat resembles a hysteria. With favourable experiences in her outward circumstances the symptoms stop occasionally for a few days and even weeks, until she acquires some minor physical ailment. The therapeutic results in the case have been very meagre. The anxiety is an anxiety of identification with her dead mother and her dead father (fainting and asthma) against whom hostile impulses were directed. Though the case does not strictly belong to the group of anxiety neuroses, it is quoted because it shows so clearly the sources of hostility in children. It is not only the hostility directed against the child but also the hostility of the parents towards each other which find expression in continuous fights and quarrels. Hostility and the death wish are in

this case more direct and more destructive than in the cases previously cited.

In a purer case of anxiety neurosis in a thirty-four-year-old woman, the patient suffers from states of anxiety in which she is afraid of going out of her mind. Going out of her mind means for her becoming aggressive and killing somebody. She is, further, afraid that she might jump out of window and also has anxieties that her husband might in a rage kill her son, who is at the present time twelve years old. Many of her anxiety attacks are in connection with outbursts against her son, who has great gifts as a violinist but does not practise sufficiently. He has to be continually urged to practise by the patient and her husband, and in the course of these events has become more or less stubborn. The patient is afraid of all kinds of catastrophes, and these fears appear in dreams again and again. She was frigid up to the beginning of treatment. In her earliest childhood she was submitted to many restrictions by her mother, to which she reacted with hate. Her asthma started in connection with pneumonia at the age of fourteen. There were also violent quarrels between her parents, and her father too suffered from asthma. She has occasional rheumatic attacks which are at least facilitated by superficial conflicts. Her hostility and her anxiety are in a very close and obvious relation to each other, and her anxiety occurs as an immediate reaction to her aggressive impulses towards her son and probably also towards her mother. This case and the previous one have many similarities, not least in relation to allergic phenomena. It is, of course, difficult to establish that these phenomena are due to the psychological conflicts. It is indeed more probable that the asthmatic attacks in both cases have at least organic components which furnish the pattern for the anxiety, and that the anxiety may in turn be partly responsible for subsequent attacks. These cases are classified in the second group because of their more open aggressiveness. The pregenital components of sexuality have not as yet gained any particular importance.

The next patient is a homosexual about forty years of age. The basic fact in this case is his hatred against his sister, who is ten years older than himself. This sister, who was tyrannical, represented for him a bully with a penis. His earliest memory is of being in a perambulator and of being taken downstairs by his sister and of the perambulator being bumped on the staircase. The sister was the dominating figure in the house and took the side of his mother when his parents quarrelled. The superiority of the female element in the

family was assured, although his mother was rather feeble. Through the patient's whole life there can be traced a longing for a mother who will take better care of him. This longing is tinged with a fear of completely losing freedom of movement, and there is a decided fear of closed spaces, of tunnels and of elevators. Homosexual experiences started early, between four and five, the other boy being older and taking the lead. In his later homosexual activities he wanted to gain superiority over a stronger man. His interest in the penis is mixed with unconscious identification between the penis and fæces. The fæces are very often represented in his dreams by greyish brown or yellowish animals which are more or less closely connected with his sister: sometimes they are friendly and sometimes hostile. His anxiety centres round a fear of travelling. At bad times he is also afraid when he is alone, and then has an impulse to jump out of window. He has many dreams of persecution, in which the persecutors represent his sister with a penis. In his everyday life he is an unusually kind person. His anxiety is partly the fear of being brutally attacked and partly the fear of his own violence which might be answered by an increased hostility on the part of others. The hostility is primarily directed against his sister and mother, his father not playing any important part in the family. However, there are from time to time hostile impulses against elder brothers. Alcohol and benzedrine give him a feeling that he is loved more by the others and that he loves them more.

It is remarkable that his insecurities in life start with the experience in the perambulator and the threat to his equilibrium. An early threat to equilibrium is a fundamental point in cases of anxiety neurosis. Such a threat, to which every child is exposed, always gains greater importance in an individual's life when insecurities are added to it, arising from insufficient love and care by his parents. The threat to equilibrium is then experienced as hostility coming from outside which might lead to more or less complete destruction. It is arbitrary to talk here about identification. It is a question rather of attack and counter-attack, and feelings of guilt, even if they are present, are overshadowed by the fear of attacks.

Similar problems were in the foreground in another case of severe anxiety neurosis who had been analysed for three years before she came to be treated by me about two years ago. The patient suffers from such severe anxiety that she cannot stay in her apartment alone, and only specific persons, such as her husband and some of her friends,

can protect her. When the anxiety comes on she feels that she may go completely to pieces, scream, become violent or insane. This patient showed clear signs of early insecurity in walking. There were, in addition, early experiences of vomiting in the subway. In this case, too, insecurity concerning equilibrium was reinforced by insecurity in relation to the patient's parents. Her mother was possessive but not demonstrative and the erotic advances made by the patient to her parents were rejected, especially by her father. Stories told by a Polish maid about burglars and the violent and cruel behaviour of this maid and of her mother towards new-born kittens produced a further sense of insecurity. Early sexual play with her brother added feelings of guilt. She has a definite fear of being dismembered but she is also afraid that she might be exploded from inside by too big a penis, by a child, by a drug or by an enema.

She is rather greedy about food, wishes to take in plenty of food and to be stuffed with it. It is of paramount concern to her whether she is empty inside or not. Her actual sexual life is more or less normal. During the orgasm she feels her inside turned out. She feels that the orgasm is something which she has in herself and which merely comes out. Only the presence of a love object protects her from internal and external danger. She is less anxious about the love object, although his presence assures her of his well-being, for which she is concerned. The patient's fears are of being alone and going to pieces. The fear of death does not play an important part. Death, felt as mere removal, obviously belongs to those types of anxiety neurosis in which the subject has less destructive tendencies. This patient, however, sometimes feels during the analytic hour that the analyst is thirty feet or miles away. This is partly an expression of the fear of being separated from the analyst and partly too an expression of destructive impulses towards him. The patient is proud of her strength and feels that she has enough weapons of destruction, so that a penis is not necessary for her, though she sometimes uses movements of her toes to express feelings of tension. Masturbation began at the age of eleven and was linked with feelings of anxiety and guilt. It was connected with a urinary impulse. Masturbation threatens her with the destruction of her sexual parts and with inability to conceive. For a while she felt that her breasts had hardened as a consequence of masturbation. (It was an earlier theory of hers that children were carried in and born from the breasts.) Later on, shortly after marriage, she developed an exophthalmic goitre. It is an interesting fact that there

is a family tradition that she was bitten in her neck by her brother, and she even has a feeling that she remembers this event. All through her later life she felt as aggressive not only her father and brother but also her mother and elder sister. It was necessary for her to become strong or at least to feel so. She feels that, taken all in all, there are no real men, and in her dreams the famous he-men of the screen are shown up as feminine. She does not want to give food to her guests and she has no sexual generosity. She does not want to give in to a man unless he gives himself up completely. She is afraid of being trapped and of being restricted in her motility. To be trapped means for her being enclosed in her mother's womb. She strives for power and strength, though she is afraid of them, since they might lead her to destructive acts. Her neurosis started shortly after the death of her father when a story of an infection with gonorrhœa was told to her which reminded her of the dangers of sex and especially of masturbation.

This patient gives us a deeper insight into danger situations. She is afraid of being cut to pieces and mutilated. There is a particular fear that she might be deprived of her inside, of her genitals and of food. There is also the danger of being stuffed too much and of being exploded from the inside. She is, moreover, afraid of being robbed of her motility and of her strength. She is afraid of the outside dangers represented by her family and by their maid, and defends herself by adopting the aggressive qualities herself, which in turn increase the danger of counter-aggression. The external world threatens her equilibrium and she is afraid of slippery surfaces, inclined planes and heights. The presence of the love object reassures her that it is not dangerous and that she has not harmed it. She really needs love objects who, in spite of all and in spite of her strength, have remained independent. The patient measures distances in the world as distances from the love object and if the love object is distant the world seems to be enormous. Although the patient in her personal development has reached genital sexuality and complete love relations, her neurosis is only to a small extent based upon the Œdipus complex. It is based chiefly upon very primitive, cruel and destructive impulses in herself and in others, and the difficulties of the treatment are connected with the primitiveness and force of her aggressive impulses. Accordingly she fears death less than destruction. The distortions in space are present but not very outspoken, which may be partly related to the fact that her fears are concentrated on the inside of her body.

In my paper on the psycho-analysis of geometry, arithmetic and physics (1936*a*) I reported upon a twenty-three-year-old man without any manifest sexuality and with hostile impulses, who at an early age had felt very much threatened by his mother. He had particular fears in connection with space, for instance, with 'the middle of the room'. Symmetry was a particular danger. When objects were about to lose their balance he also reacted with anxiety. When he touched anything with his right hand he fell into a state of anxiety which he had to relieve by compulsive movements of his left hand. He also had a particular relation to numbers. His primary fears and anxieties were in connection with a scene in which his mother had washed his sisters' heads with kerosene. The case centred round fears of attack and counter-attack. His anxiety attacks were accompanied by severe vaso-vegetative symptoms: he became extremely pale, almost fainted and his pulse was almost impalpable. There were insurmountable difficulties in arriving at deeper material. However, the threat of complete annihilation was in the centre of the picture and spatial qualities constituted one of the threats to which he reacted with anxiety. The compulsive elements in the case were remarkable.

It is very probable that all cases of anxiety neurosis in which obsessional trends are of importance belong to this group. A thirty-six-year-old patient had developed an anxiety in connection with an operation for hernia which thwarted his ambition to become a baseball player. He was very much afraid that the truss might drive germs into him. Besides obsessions which went to the point of delusions that everything was infected with germs and that nothing should be touched, he had constant anxieties of being struck by an automobile and of something falling on him. He hated everybody who did not conform with his obsessions. He constantly dreamed of being hurt. The incomplete analysis made probable the existence of a strong hostility against his father.

One sees how great the variety of problems is in cases in which the aggression comes more strongly into the foreground. It is obvious that this second group shows a closer relation to obsessional neurosis than does the first group. In at least two of the cases obsessional and compulsive features were of importance. In two cases a definite relation existed to organic diseases of the type of asthma. In another case there was some relation to exophthalmic goitre and in a further case the vaso-vegetative phenomena were particularly in evidence. The spatial problems are severe. Identification mechanisms seem to

play a less important part than in the previous group and the anxiety is based less on a fear of death than on a fear of destruction.

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In the third and last group the problems of space, numbers and counting play a still more pronounced part and the aggressiveness is of a still more destructive character than in the previous cases.

E. G., a rather good-looking woman of twenty-three, rather smallish but proportionately built, suffers from anxiety in connection with the topics of death, crime, sickness and war. She is particularly afraid of thunderstorms. She is almost obsessionally preoccupied with the idea that the world may come to an end and that the world is too small. She has dreams of time, space, relativity and other concepts of physics. At intervals her anxiety increases to panic, especially at the time of her menstrual periods, during which sexual excitement also increases. On account of her anxiety states she had to forgo a promising stage career and was reduced to complete poverty. She was never sexually satisfied except by masturbation, though towards the end of the treatment she experienced sexual gratification through intercourse. At sixteen she had an affair with an elderly man for a year and a half, but she discontinued it when the man showed no intention of marrying her. There were other affairs which were also unsatisfactory. While she was on the stage she wished to receive advances from another girl who was reputedly homosexual. When she was eighteen a wealthy publisher offered her money if she would let his mistress practise cunnilinctus on her. She was shocked and refused. Later on she had nightmares that the world was coming to an end and this man was the only person who could prevent the catastrophe. The infantile situation centres around her father, who died of cardiac asthma when the patient was twelve, his illness having started when she was seven. He was in continuous conflict with her mother, who scolded him for being too generous. The patient has several memories that he took her out and gave her a good time against her mother's wishes. She remembers with pleasure that her father took her out in a thunderstorm when she was three and a half years old. At present thunderstorms provoke a great amount of anxiety in her. She has no direct memories of having ever observed her father's sexual parts. At about seven or eight she saw a man masturbating in the park. His organ looked extremely big to her. When she got home she felt ashamed and vomited. She is always afraid that a stiff penis might hurt her sexual parts, and would prefer to have a soft penis rubbed against her external

organs. She generally has a feeling that the female sexual parts are too small for the enormous stiff male sexual organ. When she was five an uncle took her on his shoulders and she was afraid of being torn in the middle. Her mother and sister appear as threatening and interfering agents. At the age of two her sister, who is two years older, told her there was poison in the water she had been drinking. Between four and five her sister told her that the police were looking for her. She always considered her elder sister better looking and more attractive than she was herself. The patient was particularly afraid that the girls at school might not like her.

It may be inferred that a strong heterosexual relation existed between her and her father which was impaired by the fear that her father and his sexual organ might hurt her. She was furthermore threatened by her mother and sister in this respect and decided to accept them as love objects.

The patient's dreams show the conflict between homo- and heterosexuality. She dreamed of being in a train full of girls all dressed like men, and the costume was best becoming to herself. She would have liked to stop off to meet an old lover, but the train would not wait, so she decided to continue. The patient had in fact wanted to be a boy between her eighth and twelfth years. In another dream she would have liked to ride an imperious horse like her friends, but the horse reared and looked displeased. The following dream is more intelligible: 'I dreamed about an Oberammergau Passion Play. I saw Christ. He was nailed to a cross but was transparent and smiling. Little boys were there in mediæval costumes which were too big. The boys jumped up and down in them laughing.' Christ suffering is a symbol for herself and her tortured genitals. She believed indeed that menstruation was due to a lesion of her body. The second part of her dream expresses hope. The costumes stand for the vagina, while the boys jumping up and down are symbolizations of the male sexual organ.

Another dream of Christ ran as follows: 'The voice of an explorer delivering a travelogue talked about an island which was shown in black and white on the screen. It seemed to be viewed from an aeroplane. He said the world was his oyster. The island turned to clay and whirled around until it formed a globe. At this moment a Lesbian friend.sitting near me put her hands over her eyes. I did so too, but looked out sideways behind my hand at a very good looking man sitting next to me. Then I took my hands away from my eyes

and the clay in the picture seemed to form a statue of Christ crucified. The globe was gone ; I was frightened and put my hands over my eyes again.' The crucified Christ, the small world and the island symbolize femininity and more precisely the female sexual parts. The clay points to anal matter. She should not look at female sexual parts : they are at the mercy of men (' the world was his oyster '). However, the awakening of her heterosexuality is indicated by her interest in the good-looking man.

She often dreams about the world : ' A mediæval castle in the water, sky and water around, it was supposed to be the world.' She gives much thought to the question of how long the world has existed. She feels that it has not been in existence long enough, only a few thousand years. The following dream is remarkable : ' A woman friend complained of an unhappy love affair. I said : " Why do you complain ? I have a much more serious condition connected with Einstein and his theory of relativity and that is not curable." ' The patient is afraid of sudden death. She also thinks that in intercourse she may suffer instantaneous hurt. She has no trust in the stability of the world. ' What is holding everything up ? I cannot look at the sky ; it goes on and on. Sometimes everything looks dream-like to me. The buildings look so temporary. I think of the changing generations. Mortality casts a shadow on everything.' The patient is afraid that the buildings (for instance, the Empire State Building) might fall down. During anxiety attacks she is not even sure whether the floor will remain horizontal. In one dream she was high up in a tall building, when suddenly the room seemed to slant and she was in danger of falling out of the window since it was close to the floor. She was sitting on a couch with a man, she slipped off but grabbed an easel. The man seemed to fall out of the window. This is a recurrent nightmare, which centres around the fear of falling out of window. This means that she is afraid of losing contact with her mother. As a result of her neurosis she lives with her mother and her sister. Sometimes she feels that her nerves are too big for her body and protrude. With the fear of sudden death come feelings of emptiness and pain around her heart. These sensations are closely related to her frigidity, through which she denies that there is anything in her genitals. In spite of her fears concerning the male sexual organ, she wants to be in contact with the other person who represents her love object. Her neurosis says : ' Look how small and helpless I am in comparison with my towering father (sister and mother) ! I am in danger of

being annihilated. I am small as a whole, but my genitals are small too.'

The anxiety in this case expresses itself in relation to the problems of size, stability and extension in space and time. Furthermore, the anxiety also changes spatial directions and exposes her more to gravitational forces. Her fear of death is primarily a fear of torture and annihilation. The fear of being separated from her love object plays a less important part. As has been mentioned, the patient has strong homosexual trends. The woman whom she desires is a man with a softer penis. Indeed, she had a dream in which a woman with a penis had intercourse with her. Her passive and masochistic trends are due to her relation to her sister and mother. The male penis, however, appears as a particularly dangerous weapon. Moreover, she is subject to a general threat of annihilation.

In my paper on the psycho-analysis of geometry, arithmetic and physics (1936*a*) I reported upon a patient with severe fears of dismemberment. This patient had violent phantasies of attacking and dismembering women, coupled with cannibalistic impulses. He had an obsession for counting, connected with impulses to divide objects into small particles and to tear them to pieces. I wrote there : ' The problems of arithmetic, geometry and physics . . . are primarily problems of the ego in the analytical sense. But the libidinal situation has a part in deciding to what extent arithmetic and geometry shall be efficient. Threats are threats made by physical forces but they are also threats made by the father. And the anxiety which supervenes is a dread of the uncanny forces of the external world which throw one down and break one to pieces ; but it is also a dread of the father who dismembers and castrates.' (P. 395.)

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Anxiety is a phenomenon which may originate from experiences of very different types. In the earliest stages of its development the child is threatened particularly by the loss of equilibrium and by the physical forces of gravitation. Only gradually does it learn to orientate itself in space and to appreciate the definite importance of the vertical and horizontal directions. It is very probable that at this stage of development the love object represents among other things an insurance against the danger of falling. I have described (1937) the love object in this respect as a supporting figure (*Stützfigur*). However, the child also reacts with anxiety when its supply of food is not assured. For the child, moreover, food means the inside of its body, since according

to the notions of young children the inside of the body consists of the food which has been ingested. Direct threats against the integrity of the body are probably experienced only at a later stage. They are closely related to the child's aggressive impulses directed against the bodies of other people. At this level fear of dismemberment in general will become important, and later on, with the awakening of genitality, this will culminate in the theme of castration. During this whole course of development the love object will offer protection against deprivations and will on the other hand be feared as a possible aggressor. The fear of losing the love object will come into the foreground when sexual development has reached a higher level. When there are hostile impulses towards the love object they will be reacted to with feelings of guilt. At the earlier levels there will be fears of counter-aggression on the part of the love object ; while at the higher levels there will be identification with the love object, which is also hated, and the insecurity connected with the dread of its loss will be increased by the guilty feeling which forces the subject to identify himself with the person whom he has killed in phantasy.

If we consider the variety of the situations which, in the course of development, provoke anxieties, we shall not be astonished at finding a great variety in the types of anxiety neurosis which revive the various types of developmental anxieties. We must further take into consideration the fact that any anxiety will contain all the possible anxieties, though in various degrees and proportions. It must also be remembered that, in spite of the deep-going regressions which we have described, the typical case of anxiety neurosis has reached a level of heterosexual adjustment, in the sense of the Œdipus complex, and that it has one point of fixation in the genital relation to the parents. From the clinical standpoint, this distinguishes a case of anxiety neurosis with regressions going to fairly primitive levels from cases of obsessional neurosis, although cases with space distortions very often show obsessional trends. It is characteristic of neurotic anxiety in contrast to psychotic anxiety that the former is always accompanied by some appreciation of the love object.

The various types of anxiety are connected with different attitudes towards death. In a case of anxiety neurosis with only a moderate degree of aggressiveness a type of death will be pictured which means merely separation from the love object. When the regression goes deeper, a fear of death may be replaced by a fear of dismemberment and annihilation, and the idea of death will be coloured by these ideas.

Bromberg and I (1933*b* and 1936*b*) have shown elsewhere that various types of concepts of death exist and that the idea of death changes with the type of neurosis and with the type and degree of regression.

I think that an insight into the problems which have been discussed here is of fundamental importance to a deep-going analysis of cases of anxiety neurosis, and it will be understood that the fundamental trends discussed in the various types of cases must find a reflection in the type of transference and in the analysis of the transference.

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THE OBSERVATION OF INFANTS IN A SET SITUATION[1]

BY

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For about twenty years I have been watching infants in my clinic at the Paddington Green Children's Hospital, and in a large number of cases I have recorded in minute detail the way infants behave in a given situation which is easily staged within the ordinary clinic routine. I hope gradually to gather together and present the many matters of practical and theoretical interest that can be gleaned from such work, but in this paper I wish to confine myself to describing the set situation and indicating the extent to which it can be used as an instrument of research. Incidentally I cite the case of an infant of seven months who developed and emerged out of an attack of asthma while under observation.

The Set Situation

I must ask you to let me show you as far as possible the setting of the observations. I want you to know, as far as you can without actually seeing it, what it is that I have become so familiar with: that which I call the 'Set Situation', the situation into which every baby comes who is brought to my clinic for consultation.

In my clinic mothers and their children wait in the passage outside the fairly large room in which I work, and the exit of one mother and child is the signal for the entrance of another. A large room is chosen because so much can be seen and done in the time that it takes the mother and her child to reach me from the door at the opposite end of the room. By the time the mother has reached me I have made a contact with her and probably with the child by my facial expression, and I have had a chance to remember the case if it is not a new patient.

If it is an infant, I ask the mother to sit opposite me with the angle of the table coming between me and her. She sits down with the baby on her knee. I place a right-angled shining tongue-depressor at the edge of the table and I invite the mother to place the child in

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[1] Based on a paper read before the British Psycho-Analytical Society, April 23, 1941.

such a way that, if the child should wish to handle the spatula, this is possible. Ordinarily, a mother will understand what I am about, and it is easy for me gradually to describe to her that there is to be a space of time in which she and I will contribute as little as possible to the situation, so that what happens can fairly be put down to the child's account. You can imagine that mothers show by their ability or relative inability to follow this suggestion something of what they are like at home: if they are anxious about infection, or have strong moral feelings against putting things to the mouth, if they are hasty or move impulsively, these characteristics will be shown up.

It is very valuable to know what the mother is like, but ordinarily she follows my suggestion. Here, therefore, is the child on mother's knee, with a new person (a man, as it happens) sitting opposite, and there is a shining spatula on the table. I may add that if visitors are present, I have to prepare them often more carefully than the mother, because they tend to want to smile and take active steps in relation to the baby—to make love to him, or at least to give the reassurance of friendliness. If a visitor cannot accept the discipline which the situation demands, there is no point in my proceeding with the observation, which immediately becomes unnecessarily complicated.

The Infant's Behaviour

The baby is inevitably attracted by the shining, perhaps moving, metal object. If other children are present, they know well enough that the baby longs to take the spatula. (Often they cannot bear to see the baby's hesitation when it is pronounced, and take the spatula and shove it into the baby's mouth. This is, however, hastening forward.) Here we have in front of us the baby, attracted by a very attractive object, and I will now describe what, in my opinion, is a normal sequence of events. I hold that any variation from this, which I call normal, is significant.

Stage I.—The baby puts his hand to the spatula, but at this moment discovers unexpectedly that the situation must be given thought. He is in a fix. Either with his hand resting on the spatula and his body quite still he looks at me and his mother with big eyes, and watches and waits, or, in certain cases, he withdraws interest completely and buries his face in the front of his mother's blouse. It is usually possible to manage the situation so that active reassurance

is not given, and it is very interesting to watch the gradual and spontaneous return of the child's interest in the spatula.

STAGE II.—All the time, in ' the period of hesitation ' (as I call it), the baby holds his body still (but not rigid). Gradually he becomes brave enough to let his feelings develop, and then the picture changes quite quickly. The moment at which this first phase changes into the second is evident, for the child's acceptance of the reality of desire for the spatula is heralded by a change in the inside of the mouth, which becomes flabby, while the tongue looks thick and soft, and saliva flows copiously. Before long he puts the spatula into his mouth and is chewing it with his gums, or seems to be copying father smoking a pipe. The change in the baby's behaviour is a striking feature. Instead of expectancy and stillness there now develops self-confidence, and there is free bodily movement, both general movement and specific, the latter related to manipulation of the spatula.

(I have frequently made the experiment of trying to get the spatula to the infant's mouth during the stage of hesitation. Whether the hesitation corresponds to my normal or differs from it in degree or quality, I find that it is impossible during this stage to get the spatula to the child's mouth apart from the exercise of brute strength. In certain cases where the condition is acute any effort on my part that results in the spatula being moved towards the child produces screaming, mental distress or actual colic.)

The baby now seems to feel that the spatula is in his possession, perhaps in his power, certainly available for the purposes of self-expression. He bangs with it on the table or on a metal bowl which is nearby on the table, making as much noise as he can ; or else he holds it to my mouth and to his mother's mouth, very pleased if we pretend to be fed by it. He definitely wishes us to play at being fed, and is upset if we should be so stupid as to take the thing into our mouths and spoil the game as a game.

At this point I might mention that I have never seen any evidence of a baby being disappointed that the spatula is, in fact, neither food nor a container of food.

STAGE III.—There is a third stage. In the third stage the baby first of all drops the spatula as if by mistake. If it is restored he is pleased, plays with it again, and drops it once more, but this time less by mistake. On its being restored again, he drops it on purpose, and thoroughly enjoys aggressively getting rid of it, and is especially pleased when it makes a ringing sound on contact with the floor.

The end of this third phase [2] is when the baby either wishes to get down on the floor with the spatula, where he starts mouthing it and playing with it again, or else when he is bored with it and reaches out to any other objects that lie at hand.

This is reliable as a description of the normal only between the ages of about five months and thirteen months. After the baby is thirteen months old, interest in objects has become so widened that if the spatula is ignored and the baby reaches out for the blotting-pad, I cannot be sure that there is a real inhibition in regard to the primary interest. In other words, the situation rapidly becomes complicated and approaches that of the ordinary analytic situation which develops in the analysis of a two-year-old child, with the disadvantage (relative to the analytic) that as the infant is too young to speak, material presented is correspondingly difficult to understand. Before the age of thirteen months, however, in this ' set situation ' the infant's lack of speech is no handicap.

After thirteen months the infant's *anxieties* are still liable to be reflected in the set situation. It is his *positive interest* that becomes too wide for the setting.

(In passing, I would mention the fact that I find therapeutic work can be done in this situation [3]: in fact, the fluidity of the infant's personality and the fact that feelings and unconscious processes are

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[2] I will discuss the significance of this phase and link it with Freud's observations on the boy with the cotton-reel, towards the end of this paper (see p. 247).

[3] It is not my object in this paper to trace the therapeutic possibilities of this work, but I will remind you in a few words of a case that I published in 1934, in which I committed myself to the belief that such work could be done. In the intervening years I have confirmed my opinion formed then.

This was the case of a baby girl who had attended from six to eight months on account of feeding disturbance, presumably initiated by infective gastro-enteritis. The emotional development of the child was upset by this illness and the infant remained irritable, unsatisfied and liable to be sick after food. All play ceased, and by nine months not only was the infant's relation to people entirely unsatisfactory, but also she began to have fits. At eleven months fits were frequent.

At twelve months the baby was having major fits followed by sleepiness. At this stage I started seeing her almost daily and giving her twenty

so close to the early stages of babyhood make it possible for changes to be brought about in the course of a few interviews. This fluidity, however, must also mean that an infant who is normal at one year, or who at this age is favourably affected by treatment, is not by any means out of the wood. He is still liable to neurosis at a later stage and to becoming ill if exposed to bad environmental factors. However, it is a good prognostic sign if a child's first year goes well.)

Deviations from the Normal

I have said that any variation from that which I have come to regard as the norm of behaviour in the set situation is significant.

The chief and most interesting variation is in the initial hesitation, which may either be exaggerated or absent. One baby will apparently take no interest in the spatula, and will take a long time before becoming aware of his interest or before summoning courage to display it. On the other hand, another will grab it and put it to his mouth in one

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minutes' personal attention, rather in the manner of what I now describe as the set situation, but with the infant on my own knee.

At one consultation I had the child on my knee observing her. She made a furtive attempt to bite my knuckle. Three days later I had her again on my knee, and waited to see what she would do. She bit my knuckle three times so severely that the skin was nearly torn. She then played at throwing spatulas on the floor incessantly for fifteen minutes. All the time she cried as if really unhappy. Two days later I had her on my knee for half-an-hour. She had had four convulsions in the previous two days. At first she cried as usual. She again bit my knuckle very severely, this time without showing guilt feelings, and then she played the game of biting and throwing away spatulas ; *while on my knee she became able to enjoy play*. After a while she began to finger her toes.

Later the mother came and said that since the last consultation the baby had been ' a different child '. She had not only had no fits, but had been sleeping well at night—happy all day, taking no bromide. Eleven days later the improvement had been maintained, without medicine ; there had been no fits for fourteen days, and the mother asked to be discharged.

(For further details see original description : Winnicott, 1934.)

I visited the child one year later and found that since the last consultation she had had no symptom whatever. I found an entirely healthy, happy, intelligent and friendly child, fond of play, and free from the common anxieties.

second. In either case there is a departure from the normal. If inhibition is marked there will be more or less distress, and distress can be very acute indeed.

In another variation from the norm an infant grabs the spatula and immediately throws it on the floor, and repeats this as often as it is replaced by the observer.

In another paper I hope to show that there is a correlation between these and other variations from the norm and the infant's relation to food and to people.

Use of Technique Illustrated by a Case

The set situation which I have described is an instrument which can be adapted by any observer to the observation of any infant that attends his clinic. Before discussing the theory of the infant's normal behaviour in this setting, I will give one case as an illustration, the case of a baby with asthma. The behaviour of the asthma, which came and went on two occasions while the baby was under observation, would perhaps have seemed haphazard were it not for the fact that the baby was being observed as a routine, and were it not for the fact that the details of her behaviour could be compared with that of other children in the same setting. The asthma, instead of having an uncertain relation to the baby's feelings, could be seen, because of the technique employed, to be related to a certain kind of feeling and to a certain clearly defined stage in a familiar sequence of events.

Margaret, a seven-months-old girl, is brought to me by her mother because the night before the consultation she has been breathing wheezily all night. Otherwise she is a very happy child who sleeps well and takes well. Her relations with both parents are good, especially with her father. He is a night worker and sees a lot of her. She already says ' Dad-dad ', but not ' Ma-ma '. When I ask : ' Whom does she go to when she is in trouble ? ' the mother says : ' She goes to her father ; he can get her to sleep.' There is a sister sixteen months older who is healthy, and the two children play together and like each other, although the baby's birth did arouse some jealousy in the older child.

The mother explains that she herself developed asthma when she became pregnant with this one, when the other was only seven months old. She was herself bad until a month before the consultation, since when she has had no asthma. Her own mother was subject to asthma, also since the time when she started to have children. The relation

between the child and her mother is good, and she is feeding this baby at the breast satisfactorily.

The symptom, asthma, does not come entirely unheralded. The mother reports that for three days Margaret has been stirring in her sleep, only sleeping ten minutes at a time, waking with screaming and trembling. For a month she has been putting her fists to her mouth and this has recently become somewhat compulsive and anxious. For three days she has had a slight cough, but the wheeziness only became definite the night before the consultation.

It is interesting to note the behaviour of the child in the set situation. These are my detailed notes taken at the time. 'I stood up a right-angled spatula on the table and the child was immediately interested, looked at it, looked at me and gave me a long regard with big eyes and sighs. For five minutes this continued, the child being unable to make up her mind to take the spatula. When at length she took it, she was at first unable to make up her mind to put it to her mouth, although she quite clearly wanted to do so. After a time she found she was able to take it, as if gradually getting reassured from our staying as we were. On her taking it to herself I noted the usual flow of saliva, and then followed several minutes of enjoyment of the mouth experience.' It will be noted that this behaviour corresponded to what I call the normal.

'In the second consultation Margaret reached out to take the spatula, but again hesitated, exactly as at the first visit, and again only gradually became able to mouth and to enjoy the spatula with confidence. She was more eager in her mouthing of it than she had been at the previous occasion, and made noises while chewing it. She soon dropped it deliberately and on its being returned played with it with excitement and noise, looking at mother and at me, obviously pleased, and kicking out. She played about and threw down the spatula, put it to her mouth again on its being restored to her, made wild movements with her hands, and then began to be interested in other objects that lay near at hand, which included a bowl. Eventually she dropped the bowl, and as she seemed to want to go down we put her on the floor with the bowl and the spatula, and she looked up at us very pleased with life, playing with her toes and with the spatula and the bowl, but not with the spatula and the bowl together. At the end she reached for the spatula and seemed as if she would bring them together, but she just pushed the spatula right away in the other direction from that of the bowl. When the spatula was brought

back she eventually banged it on the bowl, making a lot of noise.'

(The main point in this case relevant to the present discussion is contained in the first part of the description, but I have given the whole case-note because of the great interest that each detail could have if the subject under discussion were extended. For instance, the child only gradually came to the placing of the two objects together. This is very interesting and is representative of her difficulty as well as of her growing ability in regard to the management of two *people* at the same time. In order to make the present issue as clear as possible I am leaving discussion of these points for another occasion.[4])

In this description of the baby's behaviour in the set situation, I have not yet said when it was that she developed asthma. The baby sat on her mother's lap with the table between them and me. The mother held the child round the chest with her two hands, supporting her body. It was therefore very easy to see when at a certain point the child developed bronchial spasm. The mother's hands indicated the exaggerated movement of the chest, both the deep inspiration and the prolonged obstructed expiration were shown up, and the noisy expiration could be heard. The mother could see as well as I did when the baby had asthma. *The asthma occurred on both occasions over the period in which the child hesitated about taking the spatula.* She put her hand to the spatula and then, as she controlled her body, her hand and her environment, she developed asthma, which involves an involuntary control of expiration. At the moment when she came to feel confident about the spatula which was at her mouth, when saliva flowed, when stillness changed to the enjoyment of activity and when watching changed into self-confidence, at this moment the asthma ceased.

A fortnight later the child had had no asthma, except the two attacks in the two consultations.[5] Recently (that is, twenty-one months after the episode I have described), the child had had no asthma, although of course she is liable to it.[6]

Because of the method of observation, it is possible for me to make certain deductions from this case about the asthma attacks and

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[4] I refer to this later, on p. 243.

[5] But the mother had re-developed it.

[6] The mother again rather made a point that she, however, had been having asthma, as if she felt she had to have it unless the baby had it.

their relation to the infant's feelings. My main deduction is that in this case there was a close enough association between bronchial spasm and anxiety to warrant the postulation of a relationship between the two. It is possible to see, because of the fact that the baby was being watched under known conditions, that for this child asthma was associated with the moment at which there is normally hesitation, and hesitation implies mental conflict. An impulse has been aroused. This impulse is temporarily controlled, and asthma coincides on two occasions with the period of control of the impulse. This observation, especially if confirmed by similar observations, would form a good basis for discussion of the emotional aspect of asthma, especially if taken in conjunction with observations made during the psycho-analytic treatment of asthma subjects.

Discussion of Theory

The hesitation in the first place is clearly a sign of anxiety, although it appears normally.

As Freud (1926) said, ' anxiety is *about* something '. There are two things, therefore, to discuss: the things that happen in the body and mind in a state of anxiety, and the something that there is anxiety about.

If we ask ourselves why it is that the infant hesitates after the first impulsive gesture, we must agree, I think, that this is a super-ego manifestation. With regard to the origin of this, I have come to the conclusion that, generally speaking, the baby's normal hesitation cannot be explained by a reference to the parental attitude. But this does not mean that I neglect the possibility that he does so because he has learned to expect the mother to disapprove or even to be angry whenever he handles or mouths something. The parent's attitude *does* make a difference and can make a lot of difference in certain cases.

I have learned to pick out fairly quickly the mothers who have a rooted objection to the child's mouthing and handling objects, and on the whole I can say that the mothers who come to my clinic do not stop what they tend to regard as an ordinary infantile interest. Amongst these mothers are even some who bring their babies because they have noticed that the infants have ceased to grab things and put them to their mouths, recognizing this to be a symptom.

Further, at this tender age before the baby is, say, fourteen months old, there is a fluidity of character which allows a certain amount of

the mother's tendency to prohibit such indulgence to be over-ridden. I say to the mother : ' He can do that here if he wants to, but don't actually encourage him to.' I have found that in so far as the children are not driven by anxiety they are able to adjust themselves to this modified environment.

But whether it is or is not the mother's attitude that is determining the baby's behaviour, I suggest that the hesitation means that the infant *expects* to produce an angry and perhaps revengeful mother by his indulgence. In order that a baby shall feel threatened, even by a truly and obviously angry mother, he must have in his mind the notion of an angry mother. As Freud (1926) says : ' On the other hand, the external (objective) danger must have managed to become internalized if it is to be significant for the ego.'

If the mother has been really angry and if the child has real reason to expect her to be angry in the consultation when he grabs the spatula, we are led to the infant's apprehensive phantasies, just as in the ordinary case where the child hesitates in spite of the fact that the mother is quite tolerant of such behaviour and even expects it. The ' something ' which the anxiety is about is in the infant's mind, an idea of potential evil or strictness, and into the novel situation anything that is in the infant's mind may be projected. When there has been no experience of prohibition the hesitation implies conflict, or the existence in the baby's mind of a *phantasy* corresponding to the other baby's *memory* of his really strict mother. In either case, as a consequence, he has first to curb his interest and desire, and he only becomes able to find his desire again in so far as his testing of the environment affords satisfactory results. I supply the setting for such a test.

It can be deduced, then, that the ' something ' that the anxiety is about is of tremendous importance to the infant. To understand more about the ' something ' it will be necessary to draw on the knowledge gained from the analysis of children between two and four years old, particularly between two and three. I mention this age because it has been found by Melanie Klein, and I think by all who have analysed such young children, that there is something in the experience of such analyses which cannot be got from the analyses of even three-and-a-half- and four-year-old children, and certainly not from the analyses of children in the latency period. One of the characteristics of a child at the age of two is that the primary oral phantasies, and the anxieties and defences belonging to them, are clearly discernible alongside secondary and highly elaborated mental processes.

The idea that infants have phantasies is not acceptable to everyone, but probably all of us who have analysed children at two years have found it necessary to postulate that an infant, even an infant of seven months like the asthma baby whose case I have already quoted, has phantasies. These are not yet attached to word-presentations, but they are full of content and rich in emotion, and it can be said that they provide the foundation on which all later phantasy life is built. (Cf. Lowenfeld, 1935.)

These phantasies of the infant are concerned not only with external environment, but also with the fate and inter-relationship of the people and bits of people that are being phantastically taken into him—at first along with his ingestion of food and subsequently as an independent procedure—and which build up the inner reality. A child feels that things inside are good or bad, just as outside things are good or bad. The qualities of good and bad depend on the relative acceptability of aim in the taking-in process. This in turn depends on the strength of the destructive impulses relative to the love impulses, and on the individual child's capacity to tolerate anxieties derived from destructive tendencies. Also, and connected with both of these, the nature of the child's defences has to be taken into account, including the degree of development of his capacity for making reparation. All of which could be summed up by saying that the child's ability to keep alive what he loves and to retain his belief in his own love has an important bearing on how good or bad the things inside him and outside him feel to him to be ; and this is to some extent true even of the infant of only a few months. Further, as Melanie Klein has shown, there is a constant interchange and testing between inner and outer reality ; the inner reality is always being built up and enriched by instinctual experience in relation to external objects and by contributions from external objects (in so far as such contributions can be perceived) ; and the outer world is constantly being perceived and the individual's relationship to it being enriched because of the existence in him of a lively inner world.

The insight and conviction gained through the analysis of young children can be applied backwards to the first year of life, just as Freud applied what he found in adults to the understanding of children, and to the understanding not only of the particular patient as a child, but of children in general.

It is illuminating to observe infants directly, and it is necessary for us to do so. In many respects, however, the analysis of two-year-

old children tells us much more about the infant than we can ever get from direct observation of infants. This is not surprising ; the uniqueness of psycho-analysis as an instrument of research, as we know, lies in its capacity to discover the *unconscious* part of the mind and link it up with the conscious part and thus give us something like a full understanding of the individual who is in analysis. This is true even of the infant and the young child, though direct observation can tell us a great deal if we actually know how to look and what to look for. The proper procedure is obviously to get all we can both from observation and from analysis, and to let each help the other.

Physiology of Anxiety

I now wish to say something about the physiology of anxiety. Is it not holding up the development of descriptive psychology that it is seldom, if ever, pointed out that the physiology of anxiety cannot be described in simple terms, for the reason that it is different in different cases and at different times ? The teaching is that anxiety may be characterized by pallor and sweating and vomiting and diarrhœa and tachycardia. I was interested to find in my clinic, however, that there are really several alternative manifestations of anxiety, whatever organ or function is under consideration. An anxious child during physical examination in a heart clinic may have a heart that is thumping, or at times almost standing still, or the heart may be racing away, or just ticking over. To understand what is happening when we watch these symptoms I think we have to know something about the child's feelings and phantasies, and therefore about the amount of excitement and rage that is admixed, as well as the defences against these.

Diarrhœa, as is well known, is not always just a matter of physiology. Analytic experience with children and adults shows that it is often a process accompanying an unconscious fear of definite things, things inside that will harm the individual if kept inside. The individual may know he fears impulses, but this, though true, is only part of the story, because it is also true that he unconsciously *fears specific bad things* which exist somewhere for him. ' Somewhere ' means either outside himself or inside himself—ordinarily, both outside and inside himself. These phantasies may, of course, in certain cases, be to some extent conscious, and they give colour to the hypochondriac's descriptions of his pains and sensations.

If we are examining the hesitation of an infant in my set situation,

we may say that the mental processes underlying the hesitation are similar to the ones that underlie diarrhœa, though opposite in their effect. I have taken diarrhœa, but I might have taken any other physiological process which can be exaggerated or inhibited in accordance with the unconscious phantasy which happens to affect the particular function or organ. In the same way, in consideration of the hesitation of the infant in the set situation, it can be said that even if the baby's behaviour is a manifestation of fear, there is still room for the description of the same hesitation in terms of unconscious phantasy. What we see is the result of the infant's impulse to reach out and take being subjected to control even to the extent of temporary denial of the impulse. To go further and to describe what is in the infant's mind cannot be a matter of direct observation, but, as I have said, this does not mean that there is nothing in the infant's mind corresponding to the unconscious phantasy which through psychoanalysis we can prove to exist in the mind of an older child or of an adult who hesitates in a similar situation.

In my special case, given to illustrate the application of the technique, control includes that of the bronchial tubes. It would be interesting to discuss the relative importance of the control of the bronchus as an organ (the displacement of the control, say, of the bladder) and control of expiration or of the breath that would have been expelled if not controlled. The breathing out might have been felt by the baby to be dangerous if linked to a dangerous idea—for instance, an idea of reaching *in* to take. To the infant, so closely in touch with his mother's body and the contents of the breast, which he actually takes, the idea of reaching in to the breast is by no means remote, and reaching in to the inside of mother's body could easily be associated in the baby's mind with not breathing.[7]

It will be seen that the notion of a dangerous breath or of a dangerous breathing or of a dangerous breathing organ leads us once more to the infant's phantasies.

I am claiming that it could not have been purely by chance that the infant gained and lost asthma so clearly in relation to the control of an impulse on two separate occasions, and that it is therefore

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[7] At the sight of something particularly wonderful we sometimes say, 'It takes my breath away.' This and similar sayings, which include the idea of modification of the physiology of breathing, have to be explained in any theory of asthma that is to command respect.

very much to the point if I examine every detail of the observations.

Leaving the special case of the asthma infant and returning to the normal hesitation of a baby in taking the spatula, we see that the danger exists in the infant's mind and can only be explained on the supposition that he has phantasies or something corresponding to them.

Now, what does the spatula stand for? The answer to this is complex because the spatula stands for different things.

That the spatula can stand for a breast is certain. It is easy to say that the spatula stands for a penis, but this is a very different thing from saying it stands for a breast, because the baby who is always familiar with either a breast or a bottle has very seldom indeed any real knowledge based on experience of an adult penis. In the vast majority of cases a penis must be the infant's phantasy of what a man might have. In other words, we have said no more by calling it a penis than that the infant may have a phantasy that there is something like a breast and yet different because it is associated more with father than with mother. In his phantasies about this the child is known to draw on his or her own genital sensations and on the results of self-exploration.

However, I think the truth is that what the baby later knows to be a penis, he earlier senses as a quality of mother, such as liveliness, punctuality at feed times, reliability and so on, or else as a thing in her breast equated with its sticking out or its filling up, or in her body equated with her erect posture, or a hundred other things about her that are not essentially herself. It is as if, when a baby goes for the breast and drinks milk, in phantasy he puts his hand in, or dives into, or tears his way into his mother's body, according to the strength of the impulse and its ferocity, and takes from her breast whatever is good there. In the unconscious this is equated with what is later called penis.

Besides standing for breast and penis, the spatula also stands for people, observation having clearly shown that the four-to-five-month infant may be able to take in persons as a whole, through the eyes, sensing the person's mood, approval or disapproval, or distinguishing between one person and another.[8]

(I would point out that in the explanation of the period of hesitation

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[8] As Freud showed, the cotton-reel stood for the mother of the eighteen-months-old boy (see below, p. 247).

by reference to actual experience of mother's disapproval, an assumption is being made that this infant is normal or developed enough to take in persons as a whole. This is by no means always true, and I could demonstrate to you infants who seem to show an interest in and a fear of the spatula, but who are unable to form an idea of a whole person.)

Everyday observation shows that babies from an age certainly less than the age-group we are discussing (five to thirteen months) ordinarily not only recognize people, but also behave differently towards different people.

In the set situation the infant who is under observation gives me important clues to the state of his emotional development. He may only see in the spatula a thing that he takes or leaves, and which he does not connect with a human being. This means that he has not developed the capacity, or he has lost it, for building up the whole person behind the part object. Or he may show that he sees me or mother behind the spatula, and behave as if this were part of me (or of mother). In this case, if he takes the spatula it is as if he took his mother's breast. Or, finally, he may see mother and me and think of the spatula as something to do with the relation between mother and myself. In so far as this is the case, in taking or leaving the spatula he makes a difference to the relationship of two people standing for father and mother.

There are intermediate stages. For instance, some infants obviously prefer to think of the spatula as related to the bowl, and they repeatedly take it out of the bowl and replace it with evident interest and pleasure and perhaps excitement. They seem to find an interest in two objects simultaneously more natural than an interest in the spatula as a thing that can be taken from me, fed to mother, or banged on to the table.

Only the actual work can do justice to the richness of variation which a number of infants introduce into the simple setting which can so easily be provided.

The infant, if he has the capacity to do so, finds himself dealing with two persons at once, mother and myself. This requires a degree of emotional development higher than the recognition of one whole person, and it is true indeed that many neurotics never succeed in managing a relation to two people at once. It has been pointed out that the neurotic adult is often capable of a good relation with one parent at a time, but gets into difficulties in his relationship with both

together. This step in the infant's development, by which he becomes able to manage his relationship to two people who are important to him (which fundamentally means to both his parents), at one and the same time, is a very important one, and until it is negotiated he cannot proceed to take his place satisfactorily in the family or in a social group. According to my observations this important step is first taken within the first year of life.

Before he is one year old the infant may feel that he is depriving others of things that are good or even essential because of the greed roused by his love. This feeling corresponds to his fear, which easily may be confirmed by experience, that when he is deprived of the breast or bottle and of his mother's love and attention, someone else enjoys more of her company. Actually this may be father, or a new baby. Jealousy and envy, essentially oral in their first associations, increase greed but also stimulate genital desires and phantasies, thus contributing to an extension of libidinal desires and love, as well as of hatred. All these feelings accompany the infant's first steps in establishing a relation to both parents—steps which are also the initial stages of his Œdipus situation, the direct and the inverted one. The conflict between love and hatred and the ensuing guilt and fear of losing what is loved, first experienced in relation to the mother only, is carried further into the infant's relation to both parents and very soon to brothers and sisters as well. Fear and guilt stirred by the infant's destructive impulses and phantasies (to which experiences of frustration and unhappiness contribute) are responsible for the idea that if he desires his mother's breast too much he deprives father and other children of it, and if he desires some part of his father's body which corresponds to mother's breast he deprives mother and others of it. Here lies one of the difficulties in the establishment of a happy relation between a child and both parents. I cannot deal with the complicated matter of the interplay of the child's greed and the different ways he has of controlling this greed or of counteracting its results by restoring and reconstructing, but it can readily be seen that these things become complicated where the child's relationship is to two persons instead of to mother alone.

(It will be remembered that in my case-note of the infant with asthma, I referred to the relation between the child's gradual ability to bring the spatula and the bowl together at the end of her game, and the mixtures of wishes and fears in regard to the management of a relation to two people at once. See p. 236.)

Now this situation, in which the infant hesitates as to whether he can or cannot satisfy his greed without rousing anger and dissatisfaction in at least one of the two parents, is illustrated in the set situation of my observations in a way that is plain for all to see. In so far as the baby is normal, one of the main problems before him is the management of two people at once. In this set situation I seem sometimes to be the witness of the first success in this direction. At other times I see reflected in the infant's behaviour the successes and failures he is having in his attempts to become able to have a relation to two people at once at home. Sometimes I witness the onset of a phase of difficulties over this, as well as a spontaneous recovery.[1]

It is as if the two parents allow him the gratification of desires about which he has conflicting feelings, tolerating his expression of his feelings about themselves. In my presence he cannot always make use of my consideration of his interests, or he can only gradually become able to do so.

The experience of daring to want and to take the spatula and to make it his own without in fact altering the stability of the immediate environment acts as a kind of object-lesson which has therapeutic value for the infant. At the age which we are considering and all through childhood such an experience is not merely temporarily reassuring: the cumulative effect of happy experiences and of a stable and friendly atmosphere round a child is to build up his confidence

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[1] I have just watched from start to finish a fortnight's illness in a nine-months-old infant girl. Accompanying earache, and secondary to it, was a psychological disturbance characterized not only by a lack of appetite but also by a complete cessation of handling and mouthing of objects at home. In the set situation the child had only to see the spatula to develop acute distress. She pushed it away as if frightened of it. For some days in the set situation there seemed to be acute pain as if indicating acute colic instead of what is normally hesitation, and it would have been unkind to have kept the child for long at a time in this painful situation. The earache soon cleared up, but it was a fortnight before the infant's interest in objects became normal again. The change occurred gradually except for the last part, which came dramatically when the child was with me. She had become able to catch hold of the spatula and to make furtive attempts to mouth it. Suddenly she braved it, fully accepted it with her mouth and dribbled saliva. Her psychological illness was over and it was reported to me that on getting home she was found to be handling and mouthing objects as she had done before her illness started.

in people in the external world and his general feeling of security. The child's belief in the good things and relationships inside himself is also strengthened. Such little steps in the solution of the central problems come in the every-day life of the infant and young child, and every time the problem is solved something is added to the child's general stability, and the foundation of emotional development is strengthened. It will not be surprising, then, if I claim that in the course of making my observations I also bring about some changes in the direction of health.

What there is of therapeutics in this work lies, I think, in the fact that the full course of an experience is allowed. From this one can draw some conclusions about one of the things that go to make a good environment for the infant. In the intuitive management of an infant a mother naturally allows the full course of the various experiences, keeping this up until the infant is old enough to understand her point of view. She hates to break into such experiences as feeding or sleeping or defæcating. In my observations I artificially give the baby the right to complete an experience which is of particular value to him as an object-lesson.

In psycho-analysis proper there is something similar to this. The analyst lets the patient set the pace and he does the next best thing to letting the patient decide when to come and go, in that he fixes the time and the length of the session, and sticks to the time that he has fixed. Psycho-analysis differs from this work with infants in that the analyst is always groping, seeking his way among the mass of material offered and trying to find out what, at the moment, is the shape and form of the thing which he has to offer to the patient, that which he calls the interpretation. Sometimes the analyst will find it of value to look behind all the multitude of details and to see how far the analysis which he is conducting could be thought of in the same terms as those in which one can think of the relatively simple set situation which I have described. Each interpretation is a glittering object which excites the patient's greed.

Note on the Third Stage

I have rather artificially divided the observations into three stages. Most of my discussion has concerned the first stage and the hesitation in it which denotes conflict. The second stage also presents much that is of interest. Here the infant feels that he has the spatula in his possession and that he can now bend it to his will or use it as an

extension of his personality. In this paper I am not developing this theme. In the third phase the infant practises ridding himself of the spatula, and I wish to make a comment on the meaning of this.

In this the third phase he becomes brave enough to throw the spatula down and to enjoy ridding himself of it, and I wish to show how this seems to me to relate to the game which Freud (1920) described, in which the boy mastered his feelings about his mother's departure. For many years I watched infants in this setting without seeing, or without recognizing, the importance of the third stage. There was a practical value for me in my discovery of the importance of this stage, because whereas the infant who is dismissed in the second stage is upset at the loss of the spatula, once the third stage has been reached the infant can be taken away and can leave the spatula behind him without being made to cry.

Although I have always known Freud's description of the game with the cotton-reel and have always been stimulated by it to make detailed observations on infant play, it is only in more recent years that I have seen the intimate connection between my third phase and Freud's remarks.

It now seems to me that my observations could be looked at as an extension backwards of this particular observation of Freud's. I think the cotton-reel, standing for the child's mother, is thrown away to indicate a getting rid of the mother because the reel in his possession had represented the mother in his possession. I referred earlier to the infant's phantasies of incorporating his mother's breast, and his father's penis, and whatever he felt had value, all of which was implied in his activities with the spatula in this set situation. Now, having become familiar with the full sequence of incorporation, retention and riddance, I see the throwing-away of the cotton-reel as a part of a game, the rest being implied, or played at an earlier stage. In other words, when the mother goes away this is not only a loss for him of the externally real mother but also a test of his relation to his *inside* mother. This inside mother to a large extent reflects his own feelings, and may be loving or terrifying, or changing rapidly from one attitude to the other. When he finds he can master his relation to his inside mother, including his aggressive riddance of her (Freud brings this out clearly), he can allow the disappearance of his external mother, and not too greatly fear her return.

In particular I have come to understand in recent years the part played in the mind even of the infant of the fear of the loss of the

mother or of both parents as valuable internal possessions. When the mother leaves the child he feels that he has lost not only an actual person, but also her counterpart in his mind, for the mother in the external world and the one in the internal world are still very closely bound up with each other in the infant's mind, and are more or less interdependent. The loss of the internal mother, who has acquired for the infant the significance of an inner source of love and protection and of life itself, greatly strengthens the threat of loss of the actual mother. Furthermore, the infant who throws away the spatula—and I think the same applies to the boy with the cotton-reel—not only gets rid of an external and internal mother who has stirred his aggression and is being expelled (and yet can be brought back): in my opinion he also externalizes an internal mother whose loss is feared, so as to demonstrate to himself that this internal mother, now represented through the toy on the floor, has not vanished from his inner world, has not been destroyed by the act of incorporation, is still friendly and willing to be played with. And by all this the child revises his relations with things and people both inside and outside himself.

Thus one of the deepest meanings of the third phase in the set situation is that in it the baby gains reassurance about the fate of his external mother and about her attitude; a depressed mood which accompanies such anxiety is relieved and happiness is regained. These conclusions could of course never be arrived at through observation only, but neither could Freud's profound explanation of the game with the cotton-reel have been arrived at without knowledge gained through analysis proper. In the play-analyses of young children we can see that the destructive tendencies, which endanger the people that the child loves in external reality and in his inner world, lead to fear, guilt and sorrow. Something is missing until the child feels that by his activities in play he has made reparation and revived the people whose loss he fears.

Summary

In this paper I have tried to describe a way by which infants can be observed objectively, a way based on the objective observation of patients in analysis and at the same time related closely to an ordinary home situation. I have described a set situation, and have given what I consider to be a normal (by which I mean healthy) sequence of events in this set situation. In this sequence there are many points at which

anxiety may become manifest or implied, and to one of these, which I have called the moment of hesitation, I have drawn special attention by giving a case of a seven-months-old baby girl who developed asthma twice at this stage. I have shown that the hesitation indicates anxiety, and the existence of a super-ego in the infant's mind, and I have suggested that infant behaviour cannot be accounted for except on the assumption that there are infant phantasies.

Other set situations could easily be devised which would bring out other infantile interests and illustrate other infantile anxieties. The setting which I describe seems to me to have the special value that any physician can use it, so that my observations can be confirmed or modified, and it also provides a practical method by which some of the principles of psychology can be demonstrated clinically, and without causing harm to patients.

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A REVISED PSYCHOPATHOLOGY OF THE PSYCHOSES AND PSYCHONEUROSES

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Introduction

Within recent years I have become increasingly interested in the problems presented by schizophrenic and schizoid patients and have devoted special attention to these problems. The result has been the emergence of a point of view which, if it proves to be well-founded, must necessarily have far-reaching implications both for psychiatry in general and for psycho-analysis in particular. My various findings and the conclusions to which they lead involve not only a considerable revision of prevailing ideas regarding the nature and ætiology of schizoid conditions, but also a considerable revision of ideas regarding the prevalence of schizoid processes and a corresponding change in current clinical conceptions of the various psychoneuroses and psychoses. My findings and conclusions also involve a recasting and re-orientation of the libido theory together with a modification of various classical psycho-analytical concepts.

For various reasons the present paper will be for the most part restricted to a consideration of the more general aspects of the point of view to which I have been led by the study of schizoid conditions. Special consideration of the psychopathology of these schizoid conditions themselves must unfortunately be deferred until a subsequent occasion. It is necessary to make clear, however, that much of the argument which follows depends upon a conclusion to which I have been driven by the analysis of schizoid cases, but which, for lack of space to expand the theme, I must reluctantly treat as axiomatic—the conclusion, namely, that the schizoid group is much more comprehensive than has hitherto been recognized, and that a high percentage of anxiety states and of paranoid, phobic, hysterical and obsessional symptoms have a definitely schizoid background. The comprehensive meaning which I have come to attach to the concept of ' Schizoid ' may perhaps best be indicated by the statement that, according to my findings, the schizoid group comprises all those to whom the Jungian concept of ' Introvert ' would apply. The fundamental feature of an

overtly schizoid state (as indeed the term implies) is a splitting of the ego : and it is the commonest thing for a deep analysis to reveal splits in the ego not only in individuals suffering from frankly psychopathological conditions, but also in individuals who present themselves for analysis on account of difficulties to which no definite psychopathological labels have been attached. The significance of splitting the ego can only be fully appreciated when it is considered from a developmental standpoint. As has been well described by Edward Glover (1932, *J. Ment. Sci.*, **78,** 819-842), the ego is gradually built up in the course of development from a number of primitive ego-nuclei : and we must believe that these ego-nuclei are themselves the product of a process of integration. The formation of the component nuclei may be conceived as a process of localized psychical crystallization occurring not only within zonal, but also within various other functional distributions. Thus there will arise within the psyche, not only e.g. oral, anal and genital nuclei, but also male and female, active and passive, loving and hating, giving and taking nuclei, as well as the nuclei of internal persecutors and judges (super-ego nuclei). We may further conceive that it is the overlapping and interlacing of these various nuclei and classes of nuclei that form the basis of that particular process of integration which results in the formation of the ego Schizoid states must, accordingly, be regarded as occurring characteristically in individuals in whom this process of integration has never been satisfactorily realized, and in whom a regressive disintegration of the ego has occurred.

The Inherent Limitations of the Libido Theory

There is an obvious correspondence between the development of the ego as just briefly outlined and Freud's original formulation of the libido theory. The account given of the formation of the ego-nuclei falls naturally into line with Freud's conception that the libido is originally distributed over a number of bodily zones, some of which are specially significant and are highly libidinized. There is a common element also between the conception that successful development of the ego depends upon an adequate integration of the ego-nuclei and Freud's conception that the success of libidinal development depends upon the integration of the various libidinal distributions under the mastery of the genital impulse. Nevertheless, as will shortly appear, the libido theory contains an inherent weakness which renders it desirable that this theory should be recast in a mould which will render

it more in conformity with the pattern of ego-development which has just been outlined.

The inherent weakness of the libido theory is best appreciated, however, when we consider it in the form in which it emerged from Abraham's revision. Abraham, of course, allotted to each of the more significant libidinal zones a special place in psychogenetic development and postulated a series of phases of development, each characterized by the dominance of a specific zone: and, in accordance with this scheme, each of the classical psychoses and psychoneuroses came to be attributed to a fixation at a specific phase. There can be no question of the correctness of relating schizoid conditions to a fixation in the early oral (incorporative and pre-ambivalent) phase characterized by the dominance of sucking. Nor, for that matter, can there be any doubt about the correctness of attributing manic-depressive conditions to a fixation in the later oral (ambivalent) phase characterized by the emergence of biting. For the dominant ego-nuclei in the schizoid and the manic-depressive are found to conform in character to these respective attributions. It is not such plain sailing, however, where the two anal phases and the early genital phase are concerned. There can be no doubt that, as Abraham pointed out so clearly, the paranoiac employs a primitive anal technique for the rejection of his object, the obsessional employs a more developed anal technique for gaining control of his object and the hysteric attempts to improve his relationship with his object by a technique involving a renunciation of the genital organs. Nevertheless, my own findings leave me in equally little doubt that the paranoid, obsessional and hysterical states—to which may be added the phobic state—essentially represent, not the products of fixations at specific libidinal phases, but simply a variety of techniques employed to defend the ego against the effects of conflicts of an oral origin. The conviction that this is so is supported by two facts: (*a*) that the analysis of paranoid, obsessional, hysterical and phobic symptoms invariably reveals the presence of an underlying oral conflict, and (*b*) that paranoid, obsessional, hysterical and phobic symptoms are such common accompaniments and precursors of schizoid and depressive states. By contrast, it is quite impossible to regard as a defence either the schizoid or the depressive state in itself —each a state for which an orally based ætiology has been found. On the contrary, these states have all the character of conditions against which the ego requires to be defended.

Further consideration of Abraham's modification of the libido

theory raises the question whether the ' anal phases ' are not in a sense an artefact : and the same question arises in the case of the ' phallic phase '. Abraham's phases were, of course, intended to represent not only stages in libidinal organization, but also stages in the development of object-love. Nevertheless, it is not without significance that the nomenclature employed to describe the various phases is based upon the nature of the libidinal aim, and not upon the nature of the object. Thus, instead of speaking of ' breast ' phases, Abraham speaks of ' oral ' phases ; and, instead of speaking of ' fæces ' phases, he speaks of ' anal ' phases. It is when we substitute ' fæces phase ' for ' anal phase ' that the limitation in Abraham's scheme of libidinal development is seen to declare itself ; for, whilst the breast and the genital organs are natural and biological objects of the libidinal impulse, fæces certainly is not. On the contrary it is only a symbolic object. It is only, so to speak, the clay out of which a model of the object is moulded.

The historical importance of the libido theory and the extent to which it has contributed to the advance of psycho-analytical knowledge requires no elaboration ; and the merit of the theory has been proved by its heuristic value alone. Nevertheless, it would appear as if the point had now been reached at which, in the interests of progress, the classic libido theory would have to be transformed into a theory of development based essentially upon object-relationships. The great limitation of the present libido theory as an explanatory system resides in the fact that it confers the status of libidinal attitudes upon various manifestations which turn out to be merely techniques for regulating the object-relationships of the ego. The libido theory is based, of course, upon the conception of erotogenic zones. It must be recognized, however, that in the first instance erotogenic zones are simply channels through which the libido flows, and that a zone only becomes erotogenic when libido flows through it. The ultimate goal of the libido is the object ; and in its search for the object the libido is determined by similar laws to those which determine the flow of electrical energy, i.e. it seeks the path of least resistance. The erotogenic zone should, therefore, be regarded simply as a path of least resistance : and its actual erotogenicity may be likened to the magnetic field established by the flow of an electrical current. The position is then as follows. In infancy, owing to the constitution of the human organism, the path of least resistance to the object happens to lie almost exclusively through the mouth ; and the mouth accordingly becomes the dominant libidinal organ. In the mature individual on the other hand (and again

owing to the constitution of the human organism) the genital organs provide a path of least resistance to the object—but, in this case, only in parallel with a number of other paths. The real point about the mature individual is not that the libidinal attitude is essentially genital, but that the genital attitude is essentially libidinal. There is thus an inherent difference between the infantile and the mature libidinal attitudes arising out of the fact that, whereas in the case of the infant the libidinal attitude must be of necessity predominantly oral, in the case of the emotionally mature adult the libido seeks the object through a number of channels, among which the genital channel plays an essential, but by no means exclusive, part. Whilst, therefore, it is correct to describe the libidinal attitude of the infant as characteristically oral, it is not correct to describe the libidinal attitude of the adult as characteristically genital. It should properly be described as ' mature '. This term must, however, be understood to imply that the genital channels are available for a satisfactory libidinal relationship with the object. At the same time, it must be stressed that it is not in virtue of the fact that the genital level has been reached that object-relationships are satisfactory. On the contrary, it is in virtue of the fact that object-relationships are satisfactory that true genital sexuality is attained.[1]

From what precedes it will be seen that (as it happens) Abraham's ' oral phases ' are amply justified by the facts. It is otherwise, however, with his ' earlier genital or phallic phase '. His ' final genital ' phase is justified in the sense that the genital organs constitute a natural channel for the mature libido ; but, like the ' anal phases ', his ' phallic phase ' is an artefact. It is an artefact introduced under the influence of the misleading conception of fundamental erotogenic zones. A deep analysis of the phallic attitude invariably reveals the

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[1] It should be explained that it is not any part of my intention to depreciate the significance of the ' genital ' stage in comparison with the oral stage. My intention is rather to point out that the real significance of the ' genital ' stage lies in a maturity of object-relationships, and that a genital attitude is but an element in that maturity. It would be equally true to say that the real significance of the oral stage lies in an immaturity of object-relationships, and that the oral attitude is but an element in that immaturity : but at the oral stage the importance of the physical, as against the psychical, element in relationships is more marked than at the ' genital ' stage owing to the dependence of the infant.

presence of an underlying oral fixation associated with phantasies of a fellatio order. The phallic attitude is thus the product of an identification of the genital organs with the breast as the original part-object of the oral attitude—an identification which is characteristically accompanied by an identification of the genital organs with the mouth as a libidinal organ. The phallic attitude must, accordingly, be regarded, not as representing a libidinal phase, but as constituting a technique ; and the same holds true of the anal attitudes.

The conception of fundamental erotogenic zones must be regarded as forming an unsatisfactory basis for any theory of libidinal development because it is based upon a failure to recognize that libidinal pleasure is fundamentally just a sign-post to the object. According to the conception of erotogenic zones the object is regarded as a sign-post to libidinal pleasure ; and the cart is thus placed before the horse. Such a reversal of the real position must be attributed to the fact that, in the earlier stages of psycho-analytical thought, the paramount importance of the object-relationship had not yet been sufficiently realized. Here again we have an example of the misunderstandings which arise when a technique is mistaken for a primary libidinal manifestation. In every case there is a critical instance ; and in this case the critical instance is thumb-sucking. Why does a baby suck his thumb ? Upon this simple question hangs the whole fate of the conception of erotogenic zones and the form of libido theory based upon it. If we answer that the baby sucks his thumb because his mouth is an erotogenic zone and sucking provides him with erotic pleasure, it may sound convincing enough ; but we are really missing the point. To bring out the point, we must ask ourselves the further question—' Why his thumb ? ' And the answer to this question is—' Because there is no breast to suck '. Even the baby must have a libidinal object ; and, if he is deprived of his natural object (the breast), he is driven to provide an object for himself. Thumb-sucking thus represents a technique for dealing with an unsatisfactory object-relationship ; and the same may be said of masturbation. Here it will doubtless occur to the reader that thumb-sucking and masturbation should properly be described, not simply as ' erotic ', but more specifically as ' autoerotic ' activities. This, of course, is true. Nevertheless, it would also seem to be true that the conception of erotogenic zones is itself based upon the phenomenon of autoerotism and has arisen largely owing to a mistaken interpretation of the real significance of this phenomenon. Autoerotism is essentially a technique whereby the

individual seeks not only to provide for himself what he cannot obtain from the object, but to provide for himself an object which he cannot obtain. The ' anal phases ' and the ' phallic phase ' merely represent attitudes based upon this technique. It is a technique which originates in an oral context, and which always retains the impress of its oral origin. It is thus intimately associated with incorporation of the object—which is, after all, only another aspect of the process whereby the individual attempts to deal with frustration in oral relationships. In view of this intimate association it will be seen that at the very outset thumb-sucking, as an autoerotic (and erotic) activity, acquires the significance of a relationship with an internalized object. It is no exaggeration to say that the whole course of libidinal development depends upon the extent to which objects are incorporated and the nature of the techniques which are employed to deal with incorporated objects. These techniques are about to be discussed. Meanwhile, it is sufficient to point out that the significance of the anal and phallic attitudes lies in the fact that they represent the libidinal aspects of techniques for dealing with objects which have been incorporated. It must always be borne in mind, however, that it is not the libidinal attitude which determines the object-relationship, but the object-relationship which determines the libidinal attitude.

A Theory of the Development of Object-Relationships Based on the Quality of Dependence upon the Object

It is one of the chief conclusions to which I have been led by the study of schizoid cases that the development of object-relationships is essentially a process whereby infantile dependence upon the object gradually gives place to mature dependence upon the object. This process of development is characterized (*a*) by the gradual abandonment of an original object-relationship based upon identification, and (*b*) by the gradual adoption of an object-relationship based upon differentiation of the object. The gradual change which thus occurs in the nature of the object-relationship is accompanied by a gradual change in libidinal aim, whereby an original oral, sucking, incorporating and ' taking ' aim comes to be replaced by a mature, non-incorporating and ' giving ' aim compatible with developed genital sexuality. The stage of infantile dependence contains within it two recognizable phases—the early and late oral phases ; and the stage of mature dependence corresponds to Abraham's ' final genital phase '. Between these two stages of infantile and mature dependence is a

transition stage characterized by an increasing tendency to abandon the attitude of infantile dependence and an increasing tendency to adopt the attitude of mature dependence. This transition stage corresponds to three of Abraham's phases—the two anal phases and the early genital (phallic) phase.

The transition stage only begins to dawn when the ambivalence of the late oral phase has already commenced to give way to an attitude based upon dichotomy of the object. Dichotomy of the object may be defined as a process whereby the original object, towards which both love and hate have come to be directed, is replaced by two objects—an accepted object, towards which love is directed, and a rejected object, towards which hate is directed. It should be added, however, that, in accordance with the developments which have occurred during the oral phases, both the accepted and the rejected objects tend to be treated largely as internalized objects. In so far as the transition stage is concerned with the abandonment of infantile dependence, it is now seen to be inevitable that rejection of the object will play an all-important part. Consequently, the operation of rejective techniques is a characteristic feature of the stage ; and it is upon this feature that Abraham seems to have fastened when he introduced the conception of the anal phases. In its biological nature defæcation is, of course, essentially a rejective process ; and in virtue of this fact it naturally lends itself to be exploited as a symbol of emotional rejection and readily forms the basis of rejective mental techniques. What applies to defæcation also applies to urination ; and there is reason to think that the importance of urination as a function of symbolic rejection has been under-estimated in the past, especially since, for anatomical reasons, the urinary function provides a link between the excretory and genital functions.

In accordance with the point of view here adopted, paranoia and the obsessional neurosis are not to be regarded as expressions of a fixation at the early and late anal stages respectively. On the contrary, they are to be regarded as states resulting from the employment of special defensive techniques which derive their pattern from rejective excretory processes. The paranoid and obsessional techniques are not exclusively rejective techniques, however. Both of them combine acceptance of the good object with rejection of the bad object. The essential difference between them will be considered shortly. Meanwhile it may be noted that the paranoid technique represents a higher degree of rejection ; for in externalizing the rejected object the para-

noid individual treats it as unreservedly and actively bad—as a persecutor indeed.[2] For the obsessional individual, on the other hand, excretory acts represent not only rejection of the object, but also parting with contents. In the obsessional technique, accordingly, we find a compromise between the taking attitude of early dependence and the giving attitude of mature dependence. Such an attitude of compromise is completely alien to the paranoid individual—for whom excretory acts represent nothing but rejection.

Hysteria provides another example of a state resulting from the use of a special rejective technique, as against a state resulting from a fixation at a specific stage of libidinal development, viz. the phallic stage. According to Abraham's scheme, of course, the hysterical state is attributed to a rejection of the genital organs during the phallic phase in consequence of excessive guilt over the Œdipus situation. This view is not confirmed by my recent findings. On the contrary, it would appear to be a misconception, to which an over-estimation of the importance of the Œdipus situation has contributed in no small measure.

It is one of the conclusions to which I have felt driven that the Œdipus situation is essentially a sociological rather than a psychological phenomenon. Sociologically speaking, its importance would be difficult to exaggerate. Psychologically speaking, however, it is a relatively superficial phenomenon, the chief significance of which lies in the fact that it represents a differentiation of the single object of the ambivalent (late oral) phase into two objects, one being an accepted object, identified with one of the parents, and the other being a rejected object, identified with the remaining parent. The guilt attached to the Œdipus situation, accordingly, is derived not so much from the fact that this situation is triangular as from the facts (1) that the incestuous wish represents the theft from one or both parents of love which is not freely bestowed, and (2) that there is present in the child a sense that his love is rejected because it is bad. This was well borne out in the case of one of my female patients, who during child-

[2] The paranoid technique must be carefully distinguished from the technique of projection, with which it is commonly confused. Projection consists in attributing inner *impulses* to outer objects; and, although it is seen at its best in paranoid persons, its employment is no necessary indication of the presence of a paranoid trend. The paranoid technique, on the other hand, consists in the externalization of internalized *objects*, which have been rejected.

hood was placed in circumstances calculated to stimulate incestuous phantasies to the highest degree. Owing to disagreements between her parents they occupied separate bedrooms. Between these bedrooms lay an interconnecting dressing-room ; and, to protect herself from her husband, my patient's mother made her sleep in this dressing-room. She obtained little display of affection from either parent. At a very early age she acquired a crippling infirmity, which made her much more dependent upon others in reality than is an average child. Her disability was treated as a sort of skeleton in the family cupboard by her mother, whose guiding principle in her upbringing was to force the pace in making her independent as quickly as possible. Her father was of a detached and unapproachable personality ; and she experienced greater difficulty in making emotional contact with him than with her mother. After her mother's death, which occurred in her teens, she made desperate attempts to establish emotional contact with her father, but all in vain. It was then that the thought suddenly occurred to her one day : ' Surely it would appeal to him if I offered to go to bed with him ! ' Her incestuous wish thus represented a last desperate attempt to make an emotional contact with her object—and, in so doing, both to elicit love and to prove that her own love was acceptable. Such would appear to be the real urge behind the incestuous wish ; but this urge remains relatively unaffected by any Œdipus context. In the case of my patient the incestuous wish was, of course, renounced ; and, as might be expected, it was followed by an intense guilt-reaction. The guilt was no different, however, from the guilt which had arisen in relation to her demands upon her mother for expressions of love which were not forthcoming, and in default of which it seemed proved that her own love was bad. Her unsatisfactory emotional relationship with her mother had already given rise to a regression to the early oral phase, in virtue of which the breast had been reinstated as an object, and in consequence of which one of her chief symptoms was inability to eat in the presence of others without feeling nausea. Her rejection of her father's penis thus had behind it a rejection of her mother's breast ; and there was evidence of a definite identification of the penis with the breast.

This case serves to illustrate the fact that, whilst there is no occasion to deny a rejection of the genital organs on the part of the hysteric, it is superfluous to introduce a specifically Œdipus situation to explain this rejection. On the contrary, the explanation of this rejection lies in the fact that the hysteric identifies the genital organs

as a part-object with the original object of the libidinal impulse at the stage of infantile dependence, viz. the breast. The hysteric's rejection of the genital organs thus resolves itself into an unsuccessful attempt to abandon the attitude of infantile dependence. The same holds true of the rejection of the object embodied in the paranoid and obsessional techniques. It is no part of the hysterical technique, however, to externalize the rejected object. On the contrary, the rejected object remains incorporated. Hence the characteristic hysterical dissociation —the significance of which lies in the fact that it represents the rejection of an incorporated object. At the same time the hysterical technique, like the obsessional technique, represents a partial acceptance of the giving attitude of mature dependence ; for it is characteristic of the hysterical individual that he is prepared to surrender everything to his love-objects except his genital organs and what these organs represent to him.

The significance of paranoia, the obsessional neurosis and hysteria is now seen to lie in the fact that each represents a state resulting from the employment of a specific technique ; and the phobic state must be regarded in a similar light. Each of the various techniques in question must be interpreted as a specific method of attempting to deal with the characteristic conflict of the transition stage in so far as this conflict has remained unresolved. The conflict is one between (*a*) a developmental urge to advance to an attitude of mature dependence upon the object and (*b*) a regressive reluctance to abandon the attitude of infantile dependence upon the object.

In accordance with what precedes, it is now submitted that the development of object-relationships conforms to the following scheme:—

I. Stage of Infantile Dependence, characterized by an Attitude of Taking.
   (1) Early Oral—Sucking and Incorporating—Pre-ambivalence.
   (2) Late Oral—Biting and Incorporating—Ambivalence.

II. Stage of Transition between Infantile Dependence (Taking) and Mature Dependence (Giving), or Stage of Quasi-Independence.
   Exteriorization of the Incorporated Object—Dichotomy of Object.

III. Stage of Mature Dependence, characterized by an Attitude of Giving.
   Accepted and Rejected Objects Exteriorized.

The distinctive feature of this scheme is that it is based upon the nature of the object-relationship, and that the libidinal attitude is relegated to a secondary place. What has convinced me of the paramount importance of the object-relationship is the analysis of schizoid patients; for it is in the schizoid individual that difficulties over relationships with objects present themselves most clearly. During the course of analysis, such an individual provides the most striking evidence of a conflict between an extreme reluctance to abandon infantile dependence and a desperate longing to renounce it; and it is at once fascinating and pathetic to watch the patient, like a timid mouse, alternately creeping out of the shelter of his hole to peep at the world of outer objects and then beating a hasty retreat. It is also illuminating to observe how, in his indefatigable attempts to emerge from a state of infantile dependence, he resorts by turns to any or all four of the transitional techniques which have been described—the paranoid, obsessional, hysterical and phobic. The fact that each of these techniques may be seen operating in a context to which the Œdipus situation makes a minimal contribution is perhaps especially illuminating. What emerges as clearly as anything else from the analysis of a schizoid case is that the greatest need of a child is to obtain conclusive assurance (*a*) that he is genuinely loved by his parents, and (*b*) that his parents genuinely accept his love. It is only in so far as such evidence is forthcoming in a form sufficiently convincing to enable him to depend safely upon his real objects that he is able gradually to renounce infantile dependence without misgiving. In the absence of such evidence his relationship to his objects is fraught with too much anxiety over separation to enable him to renounce the attitude of infantile dependence; for such a renunciation would be equivalent to forfeiting all hope of ever obtaining the satisfaction of his unsatisfied emotional needs. Frustration of his desire to be loved and to have his love accepted is the greatest trauma that a child can experience; and indeed this is the only trauma that really matters from a developmental standpoint. It is this trauma which creates fixations in the various forms of infantile sexuality to which a child is driven to resort in an attempt to compensate by substitutive satisfactions for the failure of his emotional relationships with his outer objects. Fundamentally these substitutive satisfactions (e.g. masturbation and anal erotism) all represent relationships with internalized objects, to which the individual is compelled to turn in default of a satisfactory relationship with objects in the outer world. Where

relationships with outer objects are unsatisfactory, we also encounter such phenomena as exhibitionism, homosexuality, sadism and masochism; and these phenomena should be regarded as attempts to salvage natural emotional relationships which have broken down. Valuable as it is to understand the character of these 'relationships by default', such understanding is much less important than a knowledge of the factors which compromise natural relationships. By far the most important of these factors is a situation in childhood, which leads the individual to feel that his objects neither love him nor accept his love. It is when such a situation arises that the inherent drive of the libido towards the object leads to the establishment of aberrant relationships and to the various libidinal attitudes which accompany them.

The scheme of development outlined in the preceding table has been based on the quality of dependence upon the object because it has emerged from the analysis of schizoid cases that this is the most important factor in early relationships. It is desirable, however, to be clear as to the nature of the object appropriate to each stage of development. And here it is important to distinguish between the natural (biological) object and the object as it presents itself in psychopathological cases. Objects may, of course, be either part-objects or whole objects; and, when the biological history of early childhood is considered, it becomes plain that there is only one natural part-object, viz. the breast, and that the most significant whole object is the mother—with the father as rather a poor second. As has already been pointed out, fæces is not a natural object. It is a symbolic object; and the same may be said of the genital organs. Thus, whilst the most important immediate factor in homosexuality is a search for the father's penis, this object is merely a substitute for the father himself. What primarily determines the substitution is the fact that paternal love appears to be withheld. At the same time, the substitution of a part-object for a whole object is a regressive phenomenon involving a revival of the original (oral) relationship with the original part-object (the breast). The homosexual's search for his father's penis thus resolves itself, so to speak, into a search for his father's breast. The persistence of the breast as a part-object is well-marked in the case of hysterics, for whom the genital organs always retain an oral significance. This is well illustrated in the case of a female hysterical patient, who, in describing her pelvic 'pain', remarked: 'It feels as if something wanted feeding inside.' The frequency with which

hysterical soldiers complain of gastric symptoms is similarly significant.

In the light of what has just been said, the natural objects appropriate to the various stages of development may be indicated as follows :—

I. Infantile Dependence.
   (1) Early Oral—Breast (Part Object).
   (2) Late Oral—Whole Object (the Mother) treated as a Breast.

II. Quasi-Independence (Transitional).
   Whole Object treated as Contents.

III. Mature Dependence.
   Whole Object (including the Object's Genital Organs)

The Stage of Transition between Infantile and Adult Dependence, its Techniques and its Psychopathology

It will be noticed that in the preceding tables the transition stage has been described as a stage of 'Quasi-Independence'; and the reason for the adoption of this description is of sufficient importance to demand special attention. It emerges with the utmost clarity from the study of schizoid cases that the most characteristic feature of the state of infantile dependence is *identification with the object.* Indeed, it would not be going too far to say that, psychologically speaking, identification with the object and infantile dependence are really the same phenomenon. On the other hand, mature dependence involves a relationship between two independent individuals, who are completely differentiated from one another as mutual objects. This distinction between the two kinds of dependence is identical with Freud's distinction between the narcissistic and the anaclitic choice of objects. The relationship involved in mature dependence is, of course, only theoretically possible. Nevertheless, it remains true that the more mature a relationship is, the less it is characterized by identification; for what identification essentially represents is failure to differentiate the object. It is when identification persists at the expense of differentiation that a markedly compulsive element enters into the individual's attitude towards his objects. This is well seen in the infatuations of schizoid individuals. It may also be observed in the almost uncontrollable impulse so commonly experienced by schizoid and depressive soldiers to return to their wives or their homes,

when separated from them owing to military necessities. The abandonment of infantile dependence involves an abandonment of relationships based upon identification in favour of relationships with differentiated objects. In the dreams of schizoids the process of differentiation is frequently represented by the theme of trying to cross a gulf or chasm, albeit the crossing which is attempted may also occur in a regressive direction. The process itself is commonly attended by considerable anxiety ; and the anxiety attending it finds characteristic expression in dreams of falling, as also in such symptoms as acrophobia and agoraphobia. On the other hand, anxiety over failure of the process is reflected in nightmares about being imprisoned or confined underground or immersed in the sea, as well as in the symptom of claustrophobia.

The process of differentiation of the object derives particular significance from the fact that infantile dependence is characterized not only by identification, but also by an oral attitude of incorporation. In virtue of this fact the object with which the individual is identified is also an incorporated object or, to put the matter in a more arresting fashion, the object in which the individual is incorporated is incorporated in the individual. This strange psychological anomaly may well prove the key to many metaphysical puzzles. Be that as it may, however, it is common to find in dreams a complete equivalence between being inside an object and having the object inside. I had a patient, for example, who had a dream about being in a tower ; and his associations left no room for doubt that this theme represented for him not only an identification with his mother, but also the incorporation of his mother's breast—and, incidentally, his father's penis.

Such then being the situation, the task of differentiating the object resolves itself into a problem of expelling an incorporated object, i.e. it becomes a problem of expelling contents. Herein lies the rationale of Abraham's ' anal phases ' ; and it is in this direction that we must look for the significance of the anal techniques which play such an important part during the transition stage. It is important here as elsewhere to ensure that the cart is not placed before the horse, and to recognize that it is not a case of the individual being preoccupied with the disposal of contents at this stage because he is anal, but of his being anal because he is preoccupied at this stage with the disposal of contents.

The great conflict of the transition stage may now be formulated as a conflict between a progressive urge to surrender the infantile

attitude of identification with the object and a regressive urge to maintain that attitude. During this period, accordingly, the behaviour of the individual is characterized both by desperate endeavours on his part to separate himself from the object and desperate endeavours to achieve reunion with the object—desperate attempts ' to escape from prison ' and desperate attempts ' to return home '. Although one of these attitudes may come to preponderate, there is in the first instance a constant oscillation between them owing to the anxiety attending each. The anxiety attending separation manifests itself as a fear of isolation : and the anxiety attending identification manifests itself as a fear of being shut in, imprisoned or engulfed (' cribbed, cabined and confined '). These anxieties, it will be noticed, are essentially phobic anxieties. It may accordingly be inferred that it is to the conflict between the progressive urge towards separation from the object and the regressive lure of identification with the object that we must look for the explanation of *the phobic state.*

Owing to the intimate connection existing between identification and oral incorporation, and consequently between separation and excretory expulsion, the conflict of the transition period also presents itself as a conflict between an urge to expel and an urge to retain contents. Just as between separation and reunion, so here there tends to be a constant oscillation between expulsion and retention, although either of these attitudes may become dominant. Both attitudes are attended by anxiety—the attitude of expulsion being attended by a fear of being emptied or drained, and the attitude of retention by a fear of bursting (often accompanied or replaced by a fear of some internal disease like cancer). Such anxieties are essentially obsessional anxieties : and it is the conflict between an urge to expel the object as contents and an urge to retain the object as contents that underlies *the obsessional state.*

The phobic and obsessional techniques are thus seen to represent two differing methods of dealing with the same basic conflict : and these two differing methods correspond to two differing attitudes towards the object. From the phobic point of view the conflict presents itself as one between flight from and return to the object. From the obsessional point of view, on the other hand, the conflict presents itself as one between expulsion and retention of the object. It thus becomes obvious that the phobic technique corresponds to a passive attitude, whereas the obsessional technique corresponds to an active attitude. The obsessional technique also expresses a much

higher degree of aggression towards the object; for, whether the object be expelled or retained, it is being subjected to forcible control. For the phobic individual, on the other hand, the choice lies between escaping from the power of the object and submitting to it. In other words, whilst the obsessional technique is essentially sadistic in nature, the phobic technique is essentially masochistic.

In the hysterical state we can recognize the operation of another technique for attempting to deal with the basic conflict of the transition period. In this case the conflict appears to be formulated as simply one between acceptance and rejection of the object. Acceptance of the object is clearly manifested in the intense love-relationships which are so typical of the hysteric: but the very exaggeration of these emotional relationships in itself raises a suspicion that a rejection is being over-compensated. This suspicion is confirmed by the propensity of the hysteric to dissociative phenomena. That these dissociative phenomena represent a rejection of the genitals need not be stressed; but, as was pointed out earlier, analysis can always unmask an identification of the rejected genitals with the breast as the original object of the libidinal impulses during the period of infantile dependence. This being so, it is noteworthy that what is dissociated by the hysteric is an organ or function in himself. This can only have one meaning—that the rejected object is an internalized object. On the other hand, the hysteric's over-valuation of his real objects leaves no room for doubt that in his case the accepted object is an externalized object. *The hysterical state* is thus seen to be characterized by acceptance of the externalized object and rejection of the internalized object.

If the paranoid and the hysterical states are now compared, we are confronted with a significant contrast. Whereas the hysteric over-values objects in the outer world, the paranoid individual regards them as persecutors; and, whereas the hysterical dissociation is a form of self-depreciation, the attitude of the paranoid individual is one of extravagant grandiosity. *The paranoid state* must, accordingly, be regarded as representing rejection of the externalized object and acceptance of the internalized object.

Having interpreted the hysterical and paranoid techniques in terms of the acceptance and rejection of objects, we can now obtain interesting results by applying a similar interpretation to the phobic and obsessional techniques. The conflict underlying the phobic state may be concisely formulated as one between flight to the object and flight from the object. In the former case, of course, the object is accepted,

whereas in the latter case the object is rejected. In both cases, however, the object is treated as external. In the obsessional state, on the other hand, the conflict presents itself as one between the expulsion and the rejection of contents. In this case, accordingly, both the accepted and the rejected objects are treated as internal. If in the case of the phobic state both the accepted and the rejected objects are treated as external and in the obsessional state both are treated as internal, the situation as regards the hysterical and paranoid states is that one of these objects is treated as an externalized object and the other as an internalized object. In the hysterical state, it is the accepted object that is externalized, whereas, in the paranoid state, the object which is externalized is the rejected object. The nature of the object-relationships characteristic of the four techniques may be summarized in the following table :—

Technique	*Accepted Object*	*Rejected Object*
Obsessional.	Internalized.	Internalized.
Paranoid.	Internalized.	Externalized.
Hysterical.	Externalized.	Internalized.
Phobic.	Externalized.	Externalized.

The chief features of the stage of transition between infantile and adult dependence may now be briefly summarized. The transition period is characterized by a process of development whereby object-relationships based upon identification gradually give place to relationships with a differentiated object. Satisfactory development during this period, therefore, depends upon the success which attends the process of differentiation of the object ; and this in turn depends upon the issue of a conflict over separation from the object—a situation which is both desired and feared. The conflict in question may call into operation any or all of four characteristic techniques—the obsessional, the paranoid, the hysterical and the phobic : and, if object-relationships are unsatisfactory, these techniques are liable to form the basis of characteristic psychopathological developments in later life. The various techniques cannot be classified in any order corresponding to presumptive levels of libidinal development. On the contrary, they must be regarded as alternative techniques, all belonging to the same stage in the development of object-relationships. Which of the techniques is employed, or rather to what extent each is employed would appear to depend in large measure upon the nature of the object-relationships established during the preceding stage of infantile

dependence. In particular it would seem to depend upon the degree to which objects have been incorporated, and upon the relationships which have been established between the developing ego and its internalized objects.

The Stage of Infantile Dependence and its Psychopathology

Now that the nature of the transition period and the defences which characterize it have been considered at some length, it is time for us to turn our attention to the period of infantile dependence and to those psychopathological states which are germinated in this period.

The outstanding feature of infantile dependence is its unconditional character. The infant is completely dependent upon his object not only for his existence and physical well-being, but also for the satisfaction of his psychological needs. It is true, of course, that mature individuals are likewise dependent upon one another for the satisfaction of their psychological, no less than their physical, needs. Nevertheless, on the psychological side, the dependence of mature individuals is not unconditional. By contrast, the very helplessness of the child is sufficient to render him dependent in an unconditional sense. We also notice that, whereas in the case of the adult the object-relationship has a considerable spread, in the case of the infant it tends to be focussed upon a single object. The loss of an object is thus very much more devastating in the case of an infant. If a mature individual loses an object, however important, he still has some objects remaining. His eggs are not all in one basket. Further, he has a choice of objects and can desert one for another. The infant, on the other hand, has no choice. He has no alternative but to accept or to reject his object—an alternative which is liable to present itself to him as a choice between life and death. His psychological dependence is further accentuated by the very nature of his object-relationship ; for, as we have seen, this is based essentially upon identification. Dependence is exhibited in its most extreme form in the intra-uterine state ; and we may legitimately infer that on its psychological side this state is characterized by an absolute degree of identification. Identification may thus be regarded as representing the persistence into extra-uterine life of a relationship existing before birth. In so far as identification persists after birth, the individual's object constitutes not only his world, but also himself : and it is to this fact, as has already been

pointed out, that we must attribute the compulsive attitude of many schizoid and depressive individuals towards their objects.

Normal development is characterized by a process whereby progressive differentiation of the object is accompanied by a progressive decrease in identification. So long as infantile dependence persists, however, identification remains the most characteristic feature of the individual's emotional relationship with his object. Infantile dependence is equivalent to oral dependence—a fact which should be interpreted, not in the sense that the infant is inherently oral, but in the sense that the breast is his original object. During the oral phases, accordingly, identification remains the most characteristic feature of the individual's emotional relationship with his object. The tendency to identification, which is so characteristic of emotional relationships during these phases, also invades the cognitive sphere, with the result that certain orally fixated individuals have only to hear of someone else suffering from any given disease in order to believe that they are suffering from it themselves. In the conative sphere, on the other hand, identification has its counterpart in oral incorporation ; and it is the merging of emotional identification with oral incorporation that confers upon the stage of infantile dependence its most distinctive features. These features are based upon the fundamental equivalence for the infant of being held in his mother's arms and incorporating the contents of her breast.

The phenomenon of narcissism, which is one of the most prominent characteristics of infantile dependence, is an attitude arising out of identification with the object. Indeed primary narcissism may be simply defined as just such a state of identification with the object, secondary narcissism being a state of identification with an object which is internalized. Whilst narcissism is a feature common to both the early and the late oral phases, the latter phase differs from the former in virtue of a change in the nature of the object. In the early oral phase the natural object is the breast ; but in the late oral phase the natural object becomes the mother. The transition from one phase to the other is thus marked by the substitution of a whole object (or person) for a part-object. Nevertheless the object continues to be treated as a part-object (the breast), with the result that the person of the mother becomes an object for incorporation. The transition from the early to the late oral phase is also characterized by the emergence of the biting tendency. Thus, whereas in the early oral phase the libidinal attitude of incorporation monopolizes the field, in the late oral

phase it is in competition with an accompanying attitude of biting. Now biting must be regarded as being essentially destructive in aim, and indeed as representing the very prototype of all differentiated aggression. Consequently the dawn of the late oral phase heralds the emergence of emotional ambivalence. The early oral phase is well described as pre-ambivalent. Nevertheless, it is important to recognize that the pre-ambivalent state is not simply one in which aggression has not yet been differentiated from the libido. The early oral urge to incorporate is essentially a libidinal urge, to which true aggression makes no contribution, even as a component factor. The recognition of this fact is of the very greatest importance for an understanding of the essential problem underlying schizoid states. It is true that the incorporative urge is destructive in effect, in the sense that the object which is eaten disappears. Nevertheless the urge is not destructive in aim. When a child says that he ' loves ' cake, it is certainly implied that the cake will vanish, and, *ipso facto*, be destroyed. At the same time the destruction of the cake is not the aim of the child's ' love '. On the contrary, the disappearance of the cake is, from the child's point of view, a most regrettable consequence of his ' love ' for it. What he really desires is both to eat his cake and have it. If the cake proves to be ' bad ', however, he either spits it out or is sick. In other words, he rejects it ; but he does not bite it for being bad. This type of behaviour is specially characteristic of the early oral phase. What is characteristic is that, in so far as the object presents itself as good, it is incorporated, and, in so far as it presents itself as bad, it is rejected ; but, even when it appears bad, no attempt is made to destroy it. On the contrary, it is the good object that is ' destroyed ', albeit only incidentally and not by intention. In the late oral phase the situation is different ; for in this phase the object may be bitten as well as incorporated. This means that direct aggression, as well as libido, may be directed towards the object. Hence the appearance of the ambivalence which characterizes the late oral phase.

In accordance with what precedes, it becomes evident that the emotional conflict which arises in relation to object-relationships during the early oral phase takes the form of the alternative, ' to incorporate or not to incorporate ', i.e. ' to love or not to love '. This is the conflict underlying the schizoid state. On the other hand, the conflict which characterizes the late oral phase resolves itself into the alternative, ' to incorporate or to destroy ', i.e. ' to love or to hate '. This is the conflict underlying the depressive state. It will be seen,

accordingly, that the great problem of the schizoid individual is how to love without destroying by love, whereas the great problem of the depressive individual is how to love without destroying by hate. These are two very different problems.

The conflict underlying the schizoid state is, of course, much more devastating than the conflict underlying the depressive state: and, since the schizoid reaction has its roots in an earlier stage of development than the depressive reaction, the schizoid individual is less capable of dealing with conflict than is the depressive. It is owing to these two facts that the disturbance of the personality found in schizophrenia is so much more profound than that found in depression. The devastating nature of the conflict associated with the early oral phase lies in the fact that, if it seems a terrible thing for an individual to destroy his object by hate, it seems a much more terrible thing for him to destroy his object by love. It is the great tragedy of the schizoid individual that it is his love which seems to destroy; and it is because his love seems so destructive that he experiences such difficulty in directing his libido towards objects in outer reality. He becomes afraid to love; and therefore he erects barriers between his objects and himself. He tends both to keep his objects at a distance and to make himself remote from them. He rejects his objects; and at the same time he withdraws his libido from them. This withdrawal of libido may be carried to all lengths. It may be carried to a point at which all emotional and physical contacts with other persons are renounced; and it may even go so far that all libidinal links with outer reality are surrendered, all interest in the world around fades and everything becomes meaningless. In proportion as libido is withdrawn from outer objects it is directed towards internalized objects; and, in proportion as this happens, the individual becomes introverted. And incidentally it is on the observation that this process of introversion is so characteristic of the onset of schizoid states that I base the conclusion that the 'introvert' is essentially a schizoid. It is essentially in inner reality that the values of the schizoid are to be found. So far as he is concerned, the world of internalized objects is always encroaching upon the world of external objects; and in proportion as this happens his real objects become lost to him.

If loss of the real object were the only trauma of the schizoid state, the position of the schizoid individual would not be so precarious. It is necessary, however, to bear in mind the vicissitudes of the ego, which accompany loss of the object. Reference has already been made to

the narcissism which results from an excessive libidinization of internalized objects; and such narcissism is specially characteristic of the schizoid. Accompanying it we invariably find an attitude of superiority which may manifest itself in consciousness to a varying degree as an actual sense of superiority. It should be noticed, however, that this attitude of superiority is based upon an orientation towards internalized objects, and that in relation to objects in the world of outer reality the attitude of the schizoid is essentially one of inferiority. It is true that the externally oriented inferiority may be masked by a façade of superiority based upon an identification of external with internalized objects. Nevertheless, it is invariably present; and it is evidence of a weakness in the ego. What chiefly compromises the development of the ego in the case of the schizoid individual is the apparently insoluble dilemma which attends the direction of libido towards objects. Failure to direct libido towards the object is, of course, equivalent to loss of the object; but since, from the point of view of the schizoid, the libido itself is destructive, the object is equally lost when libido *is* directed towards it. It can thus readily be understood that, if the dilemma becomes sufficiently pronounced, the result is a complete *impasse*, which reduces the ego to a state of utter impotence. The ego becomes quite incapable of expressing itself; and, in so far as this is so, its very existence becomes compromised. This is well exemplified by the following remarks of a patient of mine during an analytical session: 'I can't say anything. I have nothing to say. I'm empty. There's nothing of me. . . . I feel quite useless; I haven't done anything. . . . I've gone quite cold and hard; I don't feel anything. . . . I can't express myself; I feel futile.' Such descriptions well illustrate not only the state of impotence to which the ego is reduced, but also the extent to which the very existence of the ego is compromised by the schizoid dilemma. The last quoted remark of this patient is perhaps particularly significant as drawing attention to the characteristic affect of the schizoid state; for *the characteristic affect of the schizoid state is undoubtedly a sense of futility.*

Amongst other schizoid phenomena which may be mentioned here are a sense of being wasted, a sense of unreality, intense self-consciousness and a sense of looking on at oneself. Taken together, these various phenomena clearly indicate that an actual splitting of the ego goes hand in hand with the impotence and impoverishment of the ego already noted. It would seem, therefore, that withdrawal of the libido from external objects is accompanied by a loosening of the bonds which

hold the ego together. This fact is particularly significant as evidence of the extent to which the integrity of the ego depends upon object-relationships as contrasted with libidinal attitudes.

It is not sufficient to say that the splitting of the ego which characterizes acute schizoid states is due simply to a withdrawal of libido from object-relationships; for the withdrawal of libido may proceed still further. The libido may be withdrawn in varying degrees even from that part of the psyche which is, so to speak, nearest to external objects. It may be withdrawn from the realm of the conscious into the unconscious. When this happens, the effect is as if the ego itself had withdrawn into the unconscious; but the actual position would seem to be that, when the libido deserts the conscious part of the ego (such as it is), the unconscious part of the ego is all that is left to behave as a functioning ego. In extreme cases the libido would seem to desert even the unconscious part of the ego and relapse into the primal id, leaving on the surface only the picture with which Kraepelin has familiarized us in his account of the last phase of dementia præcox. Whether such a mass-withdrawal of the libido can properly be ascribed to repression is a debatable question, although where the process is restricted to a withdrawal from object-relationships it may give that impression. At any rate I am assured by a very intelligent schizoid patient that the effect of withdrawal of the libido 'feels quite different' from that of simple repression. There can be no doubt, however, that withdrawal of the libido from the conscious part of the ego has the effect of relieving emotional tension and mitigating the danger of violent outbursts of precipitate action; and in the case of the patient just referred to such a withdrawal did occur just after a violent outburst. There can be equally little doubt that much of the schizoid individual's anxiety really represents fear of such outbursts occurring. This fear commonly manifests itself as a fear of going insane or as a fear of imminent disaster. It is possible, therefore, that massive withdrawal of the libido has the significance of a desperate effort on the part of an ego threatened with disintegration to avoid all relationships with external objects by a repression of the basic impulses which urge the individual on to make emotional contacts. In the case of the schizoid, of course, these impulses are essentially oral impulses. It is when this effort is within measurable distance of succeeding that the individual begins to tell us that he feels as if there were nothing of him, or as if he had lost his identity, or as if he were dead, or as if he had ceased to exist. The fact is that in renouncing the libido the ego

renounces the very form of energy which holds it together ; and the ego thus becomes lost. Loss of the ego is the ultimate psychopathological disaster which the schizoid individual is constantly struggling, with more or with less success, to avert by exploiting all available techniques (including the transitional techniques) for the control of his libido. In essence, therefore, the schizoid state is not a defence, although evidence of the presence of defences may be detected in it. It represents the major disaster which may befall the individual who has failed to outgrow the early oral stage of dependence.

If the great problem which confronts the individual in the early oral phase is how to love the object without destroying it by love, the great problem which confronts the individual in the late oral phase is how to love the object without destroying it by hate. Accordingly, since the depressive reaction has its roots in the late oral phase, it is the disposal of his hate, rather than the disposal of his love, that constitutes the great difficulty of the depressive individual. Formidable as this difficulty is, the depressive is at any rate spared the devastating experience of feeling that his love is bad. Since his love at any rate seems good, he remains inherently capable of a libidinal relationship with outer objects in a sense in which the schizoid is not. His difficulty in maintaining such a relationship arises out of his ambivalence. This ambivalence in turn arises out of the fact that during the late oral phase, he was more successful than the schizoid in substituting direct aggression (biting) for simple rejection of the object. Whilst his aggression has been differentiated, however, he has failed in some degree to achieve that further step in development which is represented by dichotomy of the object. This further step, had he taken it, would have enabled him to dispose of his hate by directing it, predominantly at least, towards the rejected object ; and he would have been left free to direct towards his accepted object love which was relatively unaccompanied by hate. In so far as he has failed to take such a step, the depressive remains in that state which characterized his attitude towards his object during the late oral phase. His external object during that phase was, of course, a whole object (his mother). Nevertheless, it was treated as a part-object (the breast) ; and his libidinal attitude towards it was incorporative. The incorporated object of the depressive thus comes to be an undivided whole object, towards which he adopts an ambivalent attitude. The presence of such an inner situation is less disabling so far as outer adjustments are concerned than is the corresponding inner situation in the case of

the schizoid ; for in the case of the depressive there is no formidable barrier obstructing the outward flow of libido. Consequently the depressive individual readily establishes libidinal contacts with others ; and, if his libidinal contacts are satisfactory to him, his progress through life may appear fairly smooth. Nevertheless the inner situation is always present ; and it is readily reactivated if his libidinal relationships become disturbed. Any such disturbance immediately calls into operation the hating element in his ambivalent attitude ; and, when his hate becomes directed towards the internalized object, a depressive reaction supervenes. Any frustration in object-relationships is, of course, functionally equivalent to loss of the object, whether partial or complete ; and, since severe depression is so common a sequel to actual loss of the object (whether by the death of a loved person or otherwise), loss of the object must be regarded as the essential trauma which provokes the depressive state.

What precedes may at first sight appear to leave unexplained the fact that a depressive reaction so commonly follows physical injury or illness. Physical injury or illness obviously represents loss. Yet what is actually lost is not the object, but part of the individual himself. To say that such a loss, e.g. the loss of an eye or a limb, represents symbolic castration takes us no further ; for it still remains to be explained why a reaction which is characteristically provoked by loss of the object should also be provoked by loss of part of the body. The true explanation lies in the fact that the depressive individual still remains to a marked degree in a state of infantile identification with his object. To him, therefore, bodily loss is functionally equivalent to loss of the object ; and this equivalence is reinforced by the presence of an internalized object, which, so to speak, suffuses the individual's body and imparts to it a narcissistic value.

There still remains to be explained the phenomenon of involutional melancholia. There are many psychiatrists, of course, who tend to regard the ætiology of this condition as entirely different from that of ' reactive depression '. Nevertheless, the two conditions have sufficient in common from a clinical standpoint to justify us in invoking the principle of *entia non sunt multiplicanda præter necessitatem* : and indeed it is not really difficult to explain both conditions on similar principles. Involutional melancholia is by definition closely associated with the climacteric ; and the climacteric would seem to be in itself evidence of a definite waning of libidinal urges. It cannot be said, however, that there is any equivalent diminution of aggression. The

balance between the libidinal and the aggressive urges is thus disturbed; and, further, it is disturbed in the same direction as when the hate of any ambivalent individual is activated by loss of the object. Accordingly, in an individual of the depressive type the climacteric has the effect of establishing the same situation as does actual loss of the object where object-relationships are concerned; and the result is a depressive reaction. If the prospect of recovery in the case of involutional melancholia is less hopeful than in the case of reactive depression, this is not difficult to explain; for, whereas in the latter case libido is still available for a restoration of the balance, in the former case it is not. Involutional melancholia is thus seen to conform to the general configuration of the depressive state; and it imposes upon us no necessity to modify the conclusion already envisaged—that loss of the object is the basic trauma underlying the depressive state. As in the case of the schizoid state, this state is not a defence. On the contrary, it is a state against which the individual seeks to defend himself by means of such techniques (including the transitional techniques) as are available for the control of his aggression. It represents the major disaster which may befall the individual who has failed to outgrow the late oral stage of infantile dependence.

In accordance with what precedes, we find ourselves confronted with two basic psychopathological conditions, each arising out of a failure on the part of the individual to establish a satisfactory object-relationship during the period of infantile dependence. The first of these conditions, viz. the schizoid state, is associated with an unsatisfactory object-relationship during the early oral phase; and the second of these conditions, viz. the depressive state, is associated with an unsatisfactory object-relationship during the late oral phase. It emerges quite clearly, however, from the analysis of both schizoid and depressive individuals that unsatisfactory object-relationships during the early and late oral phases only give rise to their characteristic psychopathological effects when object-relationships continue to be unsatisfactory during the succeeding years of early childhood. The schizoid and depressive states must, accordingly, be regarded as dependent upon a regressive reactivation, during early childhood, of situations arising respectively during the early and late oral phases. The traumatic situation in either case is one in which the child feels that he is not really loved. If the phase in which infantile object-relationships have been pre-eminently unsatisfactory is the early oral phase, this trauma provokes in the child a reaction conforming to the

idea that he is not loved because his own love is bad and destructive ; and this reaction provides the basis for a subsequent schizoid tendency. If, on the other hand, the phase in which infantile object-relationships have been pre-eminently unsatisfactory is the late oral phase, the reaction provoked in the child conforms to the idea that he is not loved because of the badness and destructiveness of his hate ; and this reaction provides the basis for a subsequent depressive tendency. Whether in any given case a schizoid or depressive tendency will eventually give rise to an actual schizoid or depressive state depends in part, of course, upon the circumstances which the individual is called upon to face in later life ; but the most important determining factor is the degree to which objects have been incorporated during the oral phases. The various defensive techniques which characterize the transition period (i.e. the obsessional, paranoid, hysterical and phobic techniques) all represent attempts to deal with difficulties and conflicts attending object-relationships in consequence of the persistence of incorporated objects. These defensive techniques are accordingly seen to resolve themselves into differing methods of controlling an underlying schizoid or depressive tendency, and thus averting the onset of a schizoid or depressive state, as the case may be. Where a schizoid tendency is present, they represent methods designed to avert the ultimate psychopathological disaster which follows from loss of the ego ; and, where a depressive tendency is present, they represent methods designed to avert the ultimate psychopathological disaster which follows from loss of the object.

It must be recognized, of course, that no individual born into this world is so fortunate as to enjoy a perfect object-relationship during the impressionable period of infantile dependence, or for that matter during the transition period which succeeds it. Consequently, no one ever becomes completely emancipated from the state of infantile dependence, or from some proportionate degree of oral fixation ; and there is no one who has completely escaped the necessity of incorporating his early objects. It may consequently be inferred that there is present in every one either an underlying schizoid or an underlying depressive tendency, according as it was in the early or in the late oral phase that difficulties chiefly attended infantile object-relationships. We are thus introduced to the conception that every individual may be classified as falling into one of two basic psychological types—the schizoid and the depressive. It is not necessary to regard these two types as having more than phenomenological significance. Neverthe-

less, it is impossible to ignore the fact that in the determination of these two types some part may be played by a hereditary factor—viz. the relative strength of the inborn tendencies of sucking and biting.

Here we are reminded of Jung's dualistic theory of psychological types. According to Jung, of course, the ' introvert ' and the ' extravert ' represent fundamental types, into the constitution of which psychopathological factors do not primarily enter. My own conception of basic types differs from that of Jung not only in so far as I describe the two basic types as the ' schizoid ' and the ' depressive ' respectively, but also in so far as I consider that a psychopathological factor enters into the very constitution of the types envisaged. There is, however, another essentially dualistic conception of psychological types, with which my own conception is in much greater agreement than with that of Jung—the conception which is expounded by Kretschmer in his two works entitled *Physique and Character* and *The Psychology of Men of Genius*, and according to which the two basic psychological types are the ' schizothymic ' and the ' cyclothymic '. As these terms themselves imply, he regards the cyclothymic individual as predisposed to circular or manic-depressive psychoses, and the schizothymic individual to schizophrenia. There is thus a striking agreement between Kretschmer's conclusions and my own findings—an agreement all the more striking since my views, unlike his, have been reached by an essentially psycho-analytical approach. The only significant divergence between the two views arises out of the fact that Kretschmer regards the temperamental difference between the types as based essentially upon constitutional factors and attributes their psychopathological propensities to this temperamental difference, whereas my view is that psychopathological factors arising during the period of infantile dependence make at any rate a considerable contribution to the temperamental difference. There is, however, sufficient agreement between Kretschmer's views and those here advanced to provide some independent support for my conclusion that the schizoid and the depressive states represent two fundamental psychopathological conditions, in relation to which all other psychopathological developments are secondary. Kretschmer's views also provide some independent support for the conclusion that either an underlying schizoid tendency or an underlying depressive tendency is present at some level in every individual, and that all individuals may be classified upon this basis, so far as their psychopathological propensities are concerned.

Every theory of basic types is inevitably confronted with the problem of ' mixed types '. Kretschmer freely acknowledges the existence of mixed types ; and he explains their occurrence on the grounds that the incidence of a type is governed by the balance of two antagonistic biological (and perhaps hormonic) groups of factors, which may be unusually evenly balanced. According to the views here presented, the occurrence of mixed types is to be explained not so much in terms of the balance of antagonistic elements as in terms of the relative strength of fixations in developmental phases. Where difficulties over object-relationships assert themselves pre-eminently during the early oral phase, a schizoid tendency is established ; and, where difficulties over object-relationships assert themselves pre-eminently during the late oral phase, the establishment of a depressive tendency is the result. In so far, however, as such difficulties are fairly evenly distributed between the two phases, we may expect to find a fixation in the late oral phase superimposed upon one in the early oral phase ; and in that case a deeper schizoid tendency will be found underlying a superimposed depressive tendency. That such a phenomenon may occur admits of no doubt whatsoever ; and indeed even the most ' normal ' person must be regarded as having schizoid potentialities at the deepest levels. It is open to equally little question that even the most ' normal ' person may in certain circumstances become depressed. Similarly, schizoid individuals are not wholly immune to depression ; and depressed individuals are sometimes found to display certain schizoid characteristics. Whether a depressive or a schizoid state will declare itself in any given case doubtless depends in part upon whether the precipitating circumstances take the form of loss of the real object or of difficulties in object-relationships assuming some other form ; and, where there is a fairly even balance between fixations in the early and the late oral phases, this may be the determining factor. Nevertheless the most important factor must always remain the degree of regression which is provoked ; and this is determined primarily by the relative strength of fixations. In the last instance the degree of regression must depend upon whether the chief problem of the individual lies in the disposal of his love or in the disposal of his hate and there must be few individuals in whom the disposal of love and the disposal of hate are attended by equal difficulty.

HEDONIC CONFLICT AND THE PLEASURE PRINCIPLE

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In discussing the consequences following upon a failure of repression Freud (1) writes of the repressed impulses: 'If they then succeed, as so easily happens with the repressed sex-impulses, in fighting their way through—along circuitous routes—to a direct or substitutive gratification, this success, which might otherwise have brought pleasure, is experienced by the ego as unpleasurable. In consequence of the old conflict which ended in repression the pleasure principle has been violated anew, just at the moment when certain impulses were at work on the achievement of fresh pleasure in pursuance of the principle. The details of the process by which repression changes a possibility of pleasure into a source of unpleasure are not yet fully understood, or are not yet capable of clear presentation, but it is certain that all neurotic unpleasure is of this kind, is pleasure which cannot be experienced as such.'

In what follows I shall put forward some tentative suggestions as to the mechanism of this transformation of pleasure into unpleasure, both in neurotic conflict and in normal mental life. I shall also try to show that the opposite phenomenon, in which unpleasure is transformed into pleasure, as in masochism for example, is essentially of the same nature and is susceptible of the same explanation.

It seems to me that envy and jealousy present very much the same kind of problem as that mentioned in the above quotation, and that in spite of their puzzling features, they have received surprisingly little, if any, detailed study in psycho-analytical literature. By most writers they seem almost to be treated as primary psychological entities which, being primary, are not to be explained in simpler terms. Yet one does not read of *instincts* of jealousy or envy.

Let us consider the following incident which occurred in my presence,[1] and which presents the problem of jealousy in a form suitable for our present purpose.

A couple are sitting together quietly. Their three-months-old baby

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[1] I have modified some unessential details in the story for reasons of discretion.

girl is asleep nearby. They begin to embrace and kiss each other, whereupon the baby promptly wakes up and cries. The mother gets up to attend to the baby, but it stops crying at once, and before the mother reaches it. The baby is given a dummy smeared with honey to suck, but starts to cry again directly the love-play is resumed. This time the father gets up to investigate, and again the crying ceases immediately, and before he gets near the baby. However, directly he approaches to within about eighteen inches of the baby, she begins crying strongly, but stops again as soon as he withdraws to some little distance. This reaction is very unexpected for all of us, because the baby has never before shown any distaste at the near presence of the father. The mother goes to the baby to comfort it, but it starts crying again as soon as she gets near, and stops just as suddenly as soon as she moves away. At this point my interest is aroused and at my suggestion the situation is tested several times by each parent in turn, and always with the same result. Thereupon I suggest that the baby be given the breast in order to terminate the anxiety situation. (She had been fed less than half an hour previously.) The mother picks her up ; she begins to cry ; feels the nipple, stops crying, and begins feeding normally.

How are we to understand this ' Oral Œdipus Complex ' ? I suggest the following explanation.

If the baby were put to the breast say a quarter of an hour after completing a feed, it would undoubtedly commence sucking afresh, which shows that there is a certain amount of instinctual tension present at this time. Now if the massive accumulated tension of a fully-developed oral frustration is experienced as unpleasure, which is undoubtedly the case, it seems to me reasonable to argue that the minimal tension after a quarter of an hour is accompanied by a subliminal amount of unpleasure ; i.e. an amount that is below the threshold of consciousness.

Now when the baby sucks, it often makes sounds almost identical with the sounds the parents make in their love-play and kissing, so that these sounds must be accompanied by a small amount of pleasure, since they are associated in the mind of the baby with the pleasures of feeding at the breast. It is assumed that this pleasure, being merely that accompanying a ' conditioned stimulus ' in the Pavlovian sense, is of less magnitude than the subliminal unpleasure accompanying the minimal oral frustration.

The outcome of this simultaneous incidence of internal unpleasure

and external pleasure stimuli will then depend upon the mathematical law by which the resultant pleasure or unpleasure is to be determined from the values of these two components. It is obvious on the observational evidence that in the case under consideration the resultant is unpleasure having a value greater than the threshold of consciousness, and therefore greater than the value of either component taken separately.

The problem of finding the required law of combination involves constructing a mathematical scheme on a foundation of assumptions, as is done in modern physics. Dirac puts the matter very well; he writes (7): 'The new scheme becomes a precise physical theory when all the axioms and rules of manipulation governing the mathematical quantities are specified and when in addition certain laws are laid down connecting physical facts with the mathematical formalism, so that from any given physical conditions equations between the mathematical quantities may be inferred and *vice versâ*. In an application of the theory one would be given certain physical information, which one would proceed to express by equations between the mathematical quantities. One would then deduce new equations with the help of the axioms and rules of manipulation and would conclude by interpreting these new equations as physical conditions. The justification for the whole scheme depends, apart from internal consistency, on the agreement of the final results with experiment.'

The method to be employed in setting up a mathematical theory of pleasure and unpleasure, then, is first of all to make primary assumptions—the fewer, simpler, and more plausible the better—in a form capable of ready translation into mathematical symbols; secondly, to manipulate these symbols according to the laws which we postulate for them, and thirdly, to translate the mathematical results so obtained back into psychological terms by means of the primary assumptions. If the conclusions arrived at in this way fit the facts of observation, the theory may be accepted as a working tool of thought until such time as some other theory covering the facts with greater precision and completeness is forthcoming.

Let P_1, P_2, P_3, etc., be the component pleasures; i.e. the pleasures experienced by the ego when each of the stimuli is applied separately, and let P be the resultant pleasure when all the stimuli are applied simultaneously.

I conceive that when the stimuli are applied, the ego is acted upon by 'forces' which tend to change P, and that in consequence P sets

itself to such a value that the ' forces ' are in equilibrium with each other so that their resultant vanishes. I assume that these ' forces ', which I shall denote by f_1, f_2, f_3, etc., behave like ordinary mechanical forces in the way they sum up and so on, so that having selected a suitable unit we can express them uniquely by ordinary numbers.

The mathematical representation of the equilibrium condition is evidently

$$f_1 + f_2 + f_3 + \ldots = 0 \quad \ldots \quad (1)$$

or more generally and compactly

$$\Sigma(f_n) = 0 \quad \ldots \quad (2)$$

where f_n is the nth ' force ', and Σ signifies summation.

It seems to me reasonable to assume that the greater the value of any component pleasure P_n, the greater will be the ' force ' f_n associated with it, and further, that this ' force ' will increase as the difference between P and P_n becomes greater. Since there is no reason to assume any more complex law, we shall take it that the ' force ' is directly proportional to P_n and to the difference between P and P_n. A rough mechanical analogy is furnished by the case of an ordinary stretched helical spring, where the pull is equal to the strength of the spring multiplied by the amount of stretch. Thus f_n corresponds to the pull, P_n to the strength, whilst the difference between P and P_n corresponds to the amount of the stretch. In accordance with the above assumptions we write

$$f_n = P_n(P - P_n) \quad \ldots \quad (3)$$

This is tantamount to assuming that we can construct a correspondence between the P's and ordinary numbers, although this correspondence is not yet a unique one. Substituting the expression for f_n from equation (3) in equation (2) gives

$$\Sigma(P_n(P - P_n)) = 0 \quad \ldots \quad (4)$$

and on clearing the bracket and taking the second term over to the right hand side we have

$$P\,\Sigma(P_n) = \Sigma(P_n^2).$$

Now divide both sides of this last equation by $\Sigma(P_n)$ and we obtain the equation expressing the resultant pleasure in terms of the component pleasures, viz.

$$P = \frac{\Sigma(P_n^2)}{\Sigma(P_n)} \quad \ldots \quad (5)$$

In the case in which there are only two components, P_1 and P_2, equation (5) takes the simplified form

$$P = \frac{P_1^2 + P_2^2}{P_1 + P_2} \quad \ldots \quad (6)$$

We can now make the scale of P's unique ; for on eliminating P between equations (3) and (6) and putting P_1 and n both equal to unity, we obtain a quadratic equation for P_2 in terms of f_1. It has already been assumed that the f's are represented by numbers, so that if we assume for the moment that there existed a method of measuring them, we could apply a pleasure P_1 to which we arbitrarily assign the value unity, and then, on applying some other pleasure P_2, the ' force ' f_1 would take up some value which we could measure, and from which the value of P_2 could be found by means of the quadratic equation. Thus a scale of P's could be constructed.

This idea suggests an obvious further assumption to make. It is that unpleasure shall be considered as negative pleasure, so that the scale of pleasures may be extended below the zero point. A negative value of one of the P's is thus to be interpreted as meaning unpleasure. At this point we can abandon the term ' unpleasure ' altogether and speak of ' negative pleasure ' instead.

After this excursion into mathematics, and equipped with equation (6), we can return to our little friend, whom we left feeding peacefully at her mother's breast after her attack of jealousy.

It will be remembered that I assumed that the pleasure associated with the sounds of kissing was less in magnitude than the subliminal negative pleasure due to oral instinctual tension. For the sake of example we let P_1 be the negative pleasure and assume for it the value -2 and we let P_2 be the positive pleasure with the value $+1$. P_1 acting alone gives (since in this case $P_2 = 0$)

$$P = \frac{(-2)^2 + 0^2}{-2 + 0} = -2,$$

whereas when P_1 and P_2 act together we have

$$P = \frac{(-2)^2 + 1^2}{-2 + 1} = -5.$$

Thus the application of the small positive pleasure has more than doubled the amount of unpleasure felt by the ego.

If, further, we assume that the threshold of consciousness for unpleasure lies somewhere between the values -2 and -5, at the point -3, say, then it seems to me that we have found a satisfactory explanation of the child's behaviour in terms of the pleasure principle together with equation (6), because it is evident that the parents and their love-play have been transformed into sources of unpleasure to the ego and the child reacts to them as such.

Furthermore, when the breast is finally offered, it constitutes a massive positive pleasure stimulus which, being numerically much greater than the negative component, swings the value of P over to the positive side. Thus, if the pleasure associated with the breast has a value + 10 and the negative component is − 5, we shall have

$$P = \frac{100 + 25}{10 - 5} = 25.$$

If the pre-existing negative component had been numerically greater than the positive component, then the child would have rejected or attacked the breast as being an intense source of unpleasure, a phenomenon with which we are familiar in patients. It is my opinion that we have here the explanation of the primary sadistic impulses directed against the mother with which Melanie Klein has made us acquainted.

Turning now to the unpleasure produced by the breaking through of repressed sexual wishes mentioned by Freud in the quotation at the beginning of this paper, it is evident that it can be explained in the same way as the examples just considered.

Since the mechanism of repression, or for that matter any other defence mechanism, is set going in the first instance by the necessity for avoiding an unpleasurable situation, there is no doubt about the existence of negative components. Furthermore, the very fact that the defence succeeded would seem to prove that the negative components are numerically of greater intensity than the positive pleasure which has been shut away. But this is just the condition necessary in order that the return of the positive components shall give rise to an increase in unpleasure as computed from equation (6). Thus we have explained the puzzling feature that when the defence fails the resulting instinctual gratification is felt to be unpleasurable by the ego.

At this point we can summarize our results so far by saying that neurotic unpleasure, envy, jealousy, and primary aggressive impulses against the mother are examples of what I propose to call Hedonic Conflict. They are all of them characterized by the mechanism that an amount of painful tension arising within the organism is increased by the incidence of a situation which, in the absence of the pre-existing unpleasure, would have been felt as pleasurable, a necessary condition for the increase of unpleasure being that the incident pleasure shall be quantitatively less than the amount of the pre-existing unpleasure.

We now consider another type of hedonic conflict, in which there

is pre-existing pleasure, with which is then combined a smaller amount of unpleasure. In my view, erotogenic masochism and sadism at least, if not indeed moral masochism as well, are phenomena which come into this category, and are capable of explanation in terms of the pleasure principle together with equation (6). Freud writes (3): 'We have a right to describe the existence of the masochistic trend in the life of the human instincts as from the economic point of view mysterious. For if mental processes are governed by the pleasure principle, so that avoidance of unpleasure and obtaining pleasure is their first aim, masochism is incomprehensible.'

That was published in 1924, and I think it will be generally conceded that in spite of that paper and of everything written since then, the economics of masochism has remained an enigma. That, and the fact that the subject offers itself as an obvious application for a hedonic theory, are my excuses for presenting what may prove to be nothing but a set of foolhardy speculations.

Let us fix our ideas by considering an example: the type of masochist who is birched by his mistress so as to heighten his potency and pleasure in the subsequent coitus with her. Brushing aside all doubts and subtleties for the moment, let us boldly apply equation (6) to the manifest content of this perversion and see how far it will carry us. Before doing so, however, there is the matter of the intensity of the pain to be considered. I take it that it is self-evident that as the severity of the torture is increased, there must come a point at which the masochistic mechanism breaks down and all feeling of pleasure disappears, to be replaced by feelings of intense unpleasure: I mean the mental unpleasure of fear, frustration, and so on, in addition to the physical pain of the torture.

I assume that the intensity of the negative pleasure associated with the birching is at first less than the intensity of the positive fore-pleasure of the sexual situation before the birching began. If, for example, the negative component P_2 has the value -3, whilst the positive component P_1 has the value $+4$, we find from equation (6) that the resultant pleasure is

$$P = \frac{16 + 9}{4 - 3} = 25,$$

whereas in the absence of the negative component, P has the same value as P_1, i.e. $+4$. Thus the application of the pain has increased the resultant pleasure more than six-fold.

If the severity of the torture is increased so that the negative

component becomes more intense than the positive component, say it takes the value -5, we find

$$P = \frac{16 + 25}{4 - 5} = -41$$

the ego experiencing intense unpleasure. Thus the masochism fails at the point at which the negative component becomes numerically greater than the positive component.

This is satisfactory as far as it goes, because the immediate facts are in accordance with the theoretical results, but it is evident that there are formidable objections to such an over-simplified ' explanation '. In the first place, it is not every person who is a manifest masochist, and secondly it is not every source of unpleasure which can serve to reinforce erotic pleasure in a given individual. It is evident that equation (6) is by no means of universal validity for all cases of the simultaneous application of pleasurable and unpleasurable stimuli ; what is more, I have as yet no clear understanding of the conditions which must be fulfilled in order that the equation may be applicable in any given case. On the other hand, in those cases in which it is applicable, it seems to cover the facts in a satisfactory manner.

Perhaps a clue is to be had from the fact that in all the examples so far considered the two components which combine according to equation (6) are both derived from the same complex or from the same kind of instinct. If that could be shown to be true in general, and if it could also be demonstrated that components derived from different complexes do not combine in this way, then it might be possible to express the matter by saying that components arriving at the ego from the same ' direction ' combine according to equation (6), whereas components arriving from different ' directions ' do not. The possibility would then arise of expressing the components mathematically by vector quantities, which have direction as well as magnitude, instead of by ordinary numbers as in the present theory. Perhaps a generalized theory of that kind could be developed so as to be of more general application ; it seems at any rate to be a possibility worth exploring further in future work on these problems.

Returning to our masochist, let us consider the genesis of his perversion in terms of our analytical knowledge together with the new theory. We know that he was a sadist before becoming a masochist. For example, a woman whose present erotic life consists entirely of masturbation accompanied by phantasies of being beaten by a stern school-mistress, remembers that when she was six years old it

was not herself, but a schoolfellow, who was being beaten in her phantasy.

Now if the pleasure of this sadistic phantasy is to be explicable in terms of our theory, the beating of her schoolfellow must constitute an unpleasure stimulus to her own ego. I think that this can only occur if she has identified herself with the other child. Thus her sadism must be primary masochism which has been turned outwards.

This is very satisfactory, because it coincides with the conclusion arrived at by Freud by quite another line of reasoning. He writes (4) : ' We should not be astonished to hear that under certain conditions the sadism or destructive instinct which has been directed outwards can be introjected, turned inward again, regressing in this way to its earlier condition. It then provides that secondary masochism which supplements the original one.'

The point at which the present theory differs from Freud's view is that the primary masochism is to be explained in terms of the pleasure principle together with equation (6), so that the question of the death-instinct does not arise at all. It is to be noted that in a sentence just prior to the passage quoted above, Freud identifies the primal sadism with masochism.

The problem of moral masochism is, I think, more complicated than that of the erotogenic variety, because there is no visible pleasure-gain ; the patients are in a state of chronic misery. It is, however, possible to see that even in these cases the pleasure principle still holds sway, because if these people are deprived of their external unpleasure situations their total unpleasure increases. It seems that since it is impossible for them to be happy, they adjust the situation so as to reduce their suffering to the minimum possible within the framework of the constitutional factors.

For our present purpose it does not matter what the nature of these constitutional factors is ; all I assume is that they produce a more or less constant unpleasure situation for the ego. Suppose that this component has a value of -3, and that an external unpleasure situation occurs having the value -2. The resultant will be

$$P = \frac{(-3)^2 + (-2)^2}{-3-2} = -2{\cdot}6.$$

If there were no self-punishment externally we should have $P = -3$. Thus the self-punishment reduces the unpleasure experienced by the ego and is therefore carried out in accordance with the pleasure principle.

If the external unpleasure had been of value -3 instead of -2, we should have had

$$P = \frac{(-3)^2 + (-3)^2}{-3-3} = -3,$$

so that there would have been no reduction in the resultant: it would have had the same value as if there had been no external unpleasure situation at all. It follows that there must be some value of P_2 lying between the value of P_1 and zero for which P has a maximum value. A straightforward application of the differential calculus to equation (6) gives

$$P' = 2P_1(\sqrt{2}-1). \quad . \quad . \quad . \quad . \quad . \quad . \quad (7)$$

and

$$P'_2 = P_1(\sqrt{2}-1) \quad . \quad . \quad . \quad . \quad . \quad . \quad (8)$$

where P' is the maximum value of P, and P'_2 is the value of P_2 for which P has its maximum value.

Now $2(\sqrt{2}-1) = 0{\cdot}82$ approximately, so that it seems that the greatest relief of his sufferings which the moral masochist is able to obtain from his self-punishments amounts to about 18 per cent. of the total in the absence of external unpleasure.

We can say that if the theory correctly represents the facts, then the difference, from the economic hedonic standpoint, between erotogenic and moral masochisms is that in the former, one stimulus is unpleasurable and the other pleasurable, whereas in the latter, both stimuli are unpleasurable.

I turn now to another problem: that of the pathogenic nature of conflict in general.

It would seem reasonable to suppose that there is an upper limit to the amount of unpleasure (and perhaps, of pleasure also) which the psychic apparatus can tolerate for any length of time without breaking down and manifesting pathological changes. If this be granted, then it is not difficult to see, in the light of equation (6), how it comes about that instinctual conflict is such a potent factor in the ætiology of the neuroses.

If the gratification of an instinctual impulse precipitates an unpleasure situation in such a way that the positive and negative components tend to become equal and opposite, the denominator of the fraction on the right of equation (6) will tend to vanish, in which case the value of P will become very large. In fact when P_1 and P_2 are precisely equal in magnitude but opposite in sign, P becomes infinite, since the numerator of the fraction does not vanish except in the event of P_1 and P_2 both being zero simultaneously.

There are evidently three types of instinctual conflict which can occur in accordance with the pleasure principle: (*a*) between obtaining two different pleasures; (*b*) between obtaining a pleasure and avoiding an unpleasure; and (*c*) between avoiding two different unpleasures.

It is not an easy matter to prove a negative proposition. I can only say tentatively that I can think of no case in which a conflict of type (*a*) or type (*c*) has set up a neurosis. Of course, if such a case were demonstrated it would necessitate the modification or the complete abandonment of the theory of the genesis of neurosis which I am putting forward here.

We are on safer ground in considering conflicts of type (*b*), for it is universally recognized that conflicts of this type are at the bottom of a great many neurotic manifestations. I shall confine myself to a single example: that of the case of Little Hans (5).

Narrowing the enquiry still further for the sake of simplicity, let us consider the conflict between the unpleasure of castration and the pleasure of possessing the mother sexually; that is to say, the classical Œdipus conflict viewed hedonically. It will be remembered that when Hans was three and a half years old his mother found him with his hand to his penis. She threatened him in these words: 'If you do that, I shall send for Dr. A. to cut off your widdler. And then what'll you widdle with?' When it is remembered that his father was a physician, and that it is almost certain that his masturbation phantasy was concerned with his mother, it becomes evident that at that crucial moment the mother was a source of sexual pleasure and at the same time a castrator in league with his father, and therefore a source of intense unpleasure. It is only necessary to assume that the numerical value reached by this unpleasure was greater than the value of the erotic pleasure, so that in developing to its final value it passed through the stage of being equal to the pleasure but opposite in sign (at which point P is theoretically infinite), to see that there must have been an enormous surge of feeling constituting a violent hedonic shock. What is more, after the first shock it is likely that P would have a very large negative value, since it must be greater than either component—very much greater if they are about of equal strength—and the components themselves are evidently very strong.

Hans showed no violent reaction to this threat of castration when it was uttered; but we need not be disconcerted by that circumstance, for what I am suggesting is that it was either the hedonic shock or the

large negative after-value of P, or both taken together, which severed the connections with consciousness and stamped in the threat: in short, which set up the castration-complex.

Of course, such an account as this is a gross over-simplification. It is naturally not intended to be a full description of the genesis of the complex, but merely an account of a single incident in the history of its formation, and chosen to illustrate the theory, the point being that the absence of outward reaction points to repression having occurred then and there and at the very moment when the negative and positive components were activated simultaneously, the implication being that the repression was caused by the large values of P consequent on the simultaneous occurrence of equal amounts of sexual pleasure and castration anxiety.

I believe that it is extremely likely that the great majority of traumatic situations leading to complex formation are of this kind, and that we have to blame the simultaneous incidence of pleasure and unpleasure of approximately equal intensity for the hedonic shock which tears the whole situation up by the roots, as it were—severing its connections with the rest of the psychic system so that it subsequently carries on an independent existence.

If this idea is in any way valid, then it seems clear that complexes could also be formed by the simple incidence of a sufficiently intense unpleasure situation, and without the simultaneous incidence of pleasure. But in this case the unpleasure would have to be something very much more violent than anything we are accustomed to encounter as a rule: for example, the kind of situation which precipitates a traumatic neurosis. Thus our theory is in no way invalidated by the existence of the traumatic neurosis, but at the same time it is unable to throw any fresh light on the perplexing features of this condition.

I shall not consider any other examples in support of this ætiological viewpoint, because the literature and the case histories of neurotic subjects are full of them: anyone who is so minded may find as many examples as he pleases and interpret them in terms of equation (6) and the concept of hedonic shock; the theory can be neither proved nor disproved by such a procedure. Instead, I shall take a few examples from the field of normal behaviour, not, as heretofore, to test whether the theory fits the known facts, but rather to see if it can throw any new light on old problems.

Consider first of all the pleasure of overcoming difficulties. This is evidently the salient feature of all kinds of active sports and com-

petitive games, besides being an important source of enjoyment in many of the tasks which life presents for our accomplishment, such as the creation of works of art, engineering projects, scientific research work, and many other things. We speak of this pleasure as the Joy of Achievement, and a moment's thought will show that there is a great deal more in it than the mere pleasure of arriving at a desired goal, for if the task is too easy, then it ceases to be pleasurable in itself, although if the goal at which we are aiming is of sufficient importance to us, this effect may be masked by the pleasure of reaching the goal itself.

The best example to choose, then, is one in which the actual goal is insignificant. Take the case of a game of chess, played ' for amusement only ' by indifferent players who do not take the game too seriously. I am myself just such a player as this, and I imagine that my experiences in this matter are quite typical. I find the greatest pleasure in the game when, after a hard tussle, I succeed in checkmating an opponent who is slightly superior to me in skill ; there is less enjoyment, and I am not so pleased to win, when the person I am playing against is somewhat the poorer player ; whilst if my opponent is a complete tyro, so that I am certain to win, I lose interest in the game and do not mind whether I win or lose, often allowing him to win in order to please him. With a much superior player, where I feel that he is sure to win, my interest shifts from the game itself on to studying his play in order to learn from him, so that it is no longer a game, but a lesson. This is a defence and a compensation. It is not pleasant to be outwitted at every move, but this feeling disappears directly the interest in learning is aroused, and is compensated by the thought that one is becoming a better player in the process.

Consideration of this example will show that the greater the difficulties, the greater is the pleasure in attempting to overcome them, until the point is reached at which they become insurmountable, after which the pleasure is replaced by unpleasure, whereupon the whole situation is modified by the ego so as to avoid this unpleasure in accordance with the pleasure principle.

Now the difficulties constitute threats of failure, and are therefore to be considered as unpleasure situations, whereas the prospect of success is pleasurable. When the difficulties are not so great as to preclude success altogether, their unpleasure value is less than the pleasure of success. This is a hedonic conflict similar to that in erotogenic masochism, so that on applying equation (6) we obtain a similar

result, which is that the application of the unpleasure increases the resultant pleasure until the point is reached at which the positive and negative components become equal. But after this the similarity breaks down because the ego takes a hand and changes the situation completely ; there is no longer a hedonic conflict, and so the subsequent events do not concern us in the present connection.

Quite a different kind of ' game ' is the play of children. Freud (2) describes a game played by an eighteen-months-old boy whose mother was in the habit of leaving him alone for long periods. This game consisted in ' flinging into the corner of the room or under the bed all the little things he could lay his hands on, so that to gather up his toys was often no light task. He accompanied this by an expression of interest and gratification, emitting a loud long-drawn-out " o-o-o-oh " . . . which meant " go away ".'

Freud's conjecture that the child's game represents the departure of his mother is undoubtedly correct. He goes on to ask : ' The departure of the mother cannot possibly have been pleasant for the child, nor merely a matter of indifference. How then does it accord with the pleasure principle that he repeats this painful experience as a game ? ' Freud does not answer this question directly but seems to suggest that the ' repetition compulsion ' may have something to do with it. But the common usage of language which uses the same two words ' game ' and ' play ' in connection with such very different things as chess and the activities of this child warns us that perhaps there may be a close underlying connection between them. It is evident that such a connection exists, for in both cases there is a pitting of unpleasure against pleasure for the purpose of increasing the resultant pleasure ; in the case of chess the threat of failure is set against the prospect of success, whilst in the child's game the unpleasure of the phantasied departure of the mother is set against the joyful certainty that she will return in reality.

We may say, then, that a game is a hedonic conflict constructed so as to combine an amount of unpleasure with a somewhat larger amount of pleasure so as to increase the resultant pleasure in accordance with equation (6) and having this pleasure-gain as its sole aim.

There seems, therefore, no need to go beyond the pleasure principle to account for the play of children as Freud seems to do. However, the divergence of the two theories (the repetition compulsion as against the pleasure principle with equation (6)) is actually more apparent than real, because Freud connects the repetition compulsion with the

death instinct, which is the same as primary masochism, whilst I take primary masochism and play to be both examples of the interaction of the pleasure principle with equation (6). At the same time I cannot help agreeing with Loewenstein (8) that ' it is extremely difficult, not to say impossible, to imagine a " primary destructiveness ".' Thus my own concept of primary masochism is the primary tendency to combine unpleasure with pleasure so as to increase the resultant pleasure in accordance with equation (6) and the pleasure principle, which is something altogether different from Freud's concept of primary masochism, which is a biological urge towards self-destruction. This is the same difference as was brought out in discussing erotogenic masochism. Thus the pleasure principle seems to usurp the place held by the death instinct directly we bring in equation (6). . . . But this is not a paper on the theory of the instincts and I shall not attempt to follow this rather blurred trail any further.

Let us return to the Joy of Achievement. It is evident from the previous discussion of the chess game that from the purely mathematical angle the achievement situation is indistinguishable from erotogenic masochism. The question then arises as to the nature of the difference between them. Surprisingly enough, there exist phenomena which appear to occupy an intermediate position between these two strikingly dissimilar forms of behaviour. For instance, it is evident that activities like mountaineering, arctic exploration, Channel swimming and so on, where there is not merely the threat of failure, but where the difficulties involve actual physical suffering, are to be placed in this intermediate category : it is not possible to decide *a priori* whether the pleasure which their devotees derive from them is to be classed as an example of the Joy of Achievement or as masochistic pleasure.

It seems that we can arrange the activities which we are here considering in a series, starting with the pleasure of solving intellectual problems at one end and passing along the series until we reach erotogenic masochism at the other end. Having formed this series, I find that I have arranged the various activities in the order of the overtness of the unpleasure involved : first there is the threat of failure, next comes the threat of physical pain coupled with the threat of failure, and so on until in the end we reach the actual application of physical pain.

But this is not the whole story, because we seem to notice that, as we progress along the series towards actual erotogenic masochism, the

pleasure also becomes less disguised and more frankly erotic, although I am not sure on this point. For example, is swimming the Channel more frankly erotic than boring the Channel tunnel? I believe that we can answer this question in the affirmative, since in the case of swimming the symbolized sexual act is performed at first hand, and in terms of actual bodily movement, whereas in constructing the tunnel, although the sexual symbolism is just as direct, there are many intermediate intellectual links intervening between the unconscious sexual impulse and the act which affords it symbolical gratification. We thus arrive at the tentative conclusion that the Joy of Achievement is sublimated masochism, and that it is not due to mere chance that their mathematical representations are identical in form. It is also not due to chance that in the play of children we again find the same underlying mathematical form, for the highest achievements of which man is capable have, every one of them, their humble beginnings in nursery play.

The word 'play' is used in yet another sense when we speak of 'love-play', meaning the means whereby sexual excitement is enhanced preliminarily to sexual intercourse. The common use of the word suggests that we look for the same processes here as in the other kinds of play which we have already considered, and again we shall find that we have not been misled.

During the love-play there is a steadily mounting sexual tension. Of this tension Freud writes in his *Three Contributions to the Theory of Sex* (6): '. . . I remain firmly of the opinion that a feeling of tension must necessarily carry with it the quality of unpleasure. . . . But if we class the tension of sexual excitement as an unpleasurable feeling, we are brought up against the fact that that same feeling is experienced as unquestionably pleasurable. The tension produced by the sexual processes is universally accompanied by pleasure; a kind of sense of satisfaction is evident even in the preparatory modifications of the genitals. How, then, are this unpleasurable tension and this feeling of pleasure related to each other?' And on the next page: '. . . on the one hand we find a pleasurable feeling which is soon intensified by pleasure from the preparatory modifications, and on the other hand we find a further increase in the sexual tension which quickly passes over into the most manifest unpleasure unless it is possible to bring about a further accession of pleasure.' Thus the effect of the love-play is to cause an increase in the tension, which is felt as pleasurable all the time the love-play continues; the true,

unpleasurable nature of the tension being manifest so soon as the love-play is interrupted.

Exactly the same thing happens in the case of hunger. To a moderately hungry person the smell of food causes an increase in the tension, which is felt to be pleasurable, but if the smell vanishes and no food is forthcoming, the unpleasurable nature of the tension is revealed.

Another feature which is common to both love and hunger is that as the tension increases it demands ever-increasing pleasure in order that it shall not become manifestly unpleasurable, until the point is reached at which ultimate gratification is obtained. A further common property is that the pleasure, whether of the preliminary stimulation or the ultimate gratification, varies in intensity in step with the tension, except in the case of the most extreme tension, where the experience is probably always unpleasurable.

In illustration it is only necessary to point out that in normal persons the preliminary caresses, whilst they are pleasurable enough at the beginning of love-making, soon become painfully tantalizing if persisted in beyond their proper duration instead of being superseded by the next stage on the road towards complete gratification, and that to a hungry man an indefinitely prolonged series of appetizing odours would rapidly become well-nigh intolerable, although at the beginning the effect had been extremely pleasurable. Again, the pleasure of the caresses after sexual intercourse, when the tension has been discharged, is of a gentler quality, and far less intense, than in the preliminary love-play in which the tension is nearing its maximum ; the same phenomenon in relation to food is expressed by the saying that ' hunger is the best sauce '.

Except for the increase and ultimate discharge of the tension, these facts are accounted for by assuming that the stimulation of the erotogenic zones (confining our attention to the sexual case for the moment) is inherently pleasurable and that the tension is inherently unpleasurable, and that the perceived feeling is the resultant of these two components according to equation (6). Thus there is a hedonic conflict between the pleasure of the stimulation and the unpleasure of the tension. In order that the resultant shall be positive pleasure, it is necessary that the pleasure from the stimulation remain of greater numerical value than the unpleasure of the tension ; that is why the stimulation has to become more and more intense as the tension increases, and why the experience becomes unpleasurable if the stimulation merely remains constant or stops altogether.

The curious fact that the greatest pleasure is obtained when the love-play works up to a climax gradually, instead of there being a kind of sexual explosion, is accounted for also, for the resultant pleasure according to equation (6) has its greatest value when the pleasure from the stimulation is very slightly greater than the unpleasure of the tension ; if it is considerably greater, then the resultant pleasure is not so intense. Hence the stimulation pleasure must keep just ahead of the slowly rising tension ; if it rushes ahead of it, then the resultant pleasure will decrease. It is evident also that if the tension is initially high, the preliminary stages of the love-play will tend to be omitted because they are accompanied by unpleasure (the tension unpleasure being greater than the milder forms of stimulus pleasure), so that the resulting behaviour will tend more to the ' explosion ' type in this case.

The whole of this discussion transfers bodily to the hunger situation, and there is no need to repeat it in that connection. Even the gradualness of approach in the love-play is paralleled in the gastronomic case by such things as hors d'œuvres and lunch-time cocktails.

To complete the scheme we have to consider the mechanism of the tension changes. I do not think that known facts are contradicted by the assumption that the tension consists of a combination of muscular and glandular activities accompanied by the liberation of chemical substances into the blood-stream, all this being perceived through the interoceptors and proprioceptors located within the organs concerned, and perhaps also through the direct action of the chemical substances on the nervous system. Evidently this tension consists of two parts. Firstly there is the part which increases spontaneously and gradually with the passage of time until it reaches a level at which discharge takes place. It is the relaxation oscillation of this part which gives sexual desire and hunger their periodic character, for the rate of its production is not affected by ordinary stimuli coming from without. Secondly there is the part which is increased by external stimulation of erotogenic zones and is closely associated with the preparatory changes in the genital organs. For the case of hunger we may consider the salivation and other preparatory reactions of Pavlov's dogs in response to the conditioned stimulus as typical of this second part of the tension, the first part depending on how many hours had elapsed since last the dog was fed. I imagine that the two parts of the tension are added together to form the total tension which enters experience, but it is very certain that the second part cannot be evoked in the

absence of the first part, and that the intensity of the second part evoked by any given external stimulus is about directly proportional to the intensity of the first part existing at the time the stimulus is applied. What is more, experience seems to show that the second part dies away slowly after the stimulus producing it is removed, the total tension tending to return to the same value as it had before the application of the stimulus, i.e. the value of the first part acting alone.

There is evidently a pretty close connection between these ideas and the libido theory, but that is a matter which is outside the scope of the present paper.

To sum up this account of the mechanism of gratification it may be said that the unpleasure of the accumulated first part of the tension comes into hedonic conflict with the pleasure of the external stimulation. If the external situation permits, the ego will so adjust the intensity of this stimulation that the amount of pleasure derived from it is slightly greater than the numerical value of the tension unpleasure in order that the resultant pleasure shall have a large positive value in accordance with the pleasure principle. The stimulation also produces an increase in the second part of the tension by means of a process which is of the nature of reflex action. This new tension is additional to the original amount present and causes a corresponding increase in the tension unpleasure, which in its turn necessitates an increase in the pleasure from the stimulation if the resultant pleasure is to remain positive. But this increased stimulation produces a still further increase of tension, so that the whole process is cumulative, and continues until the point is reached at which the tension reaches such an intensity that reflex discharge takes place. The process then terminates owing to the disappearance of the tension.

I shall conclude this paper with a few general ideas which summarize the viewpoint which it attempts to establish.

I imagine that a good deal of the confusion which in the past has surrounded phenomena such as masochism, which appear at first glance to run counter to the pleasure principle, has been due to a failure clearly to distinguish between the component pleasures, which are not experienced either consciously or unconsciously, on the one hand, and their resultant, which is so experienced, on the other. This has led, naturally enough, to the pleasure principle being applied indiscriminately to components and resultants alike, with the result that numerous ' failures of the pleasure principle ' are discovered which

have no foundation in fact. To account for these apparent exceptions special mechanisms and instincts have been postulated, and this has tended to add to the confusion. Whether these special concepts, such as the death instinct, for example, have any counterpart in reality, I do not know ; it seems evident in any case that they are in need of further critical examination.

According to the view here presented, the pleasure principle is of much wider validity than has hitherto been supposed ; it may subsequently prove to be of universal validity ; again I do not know, but I maintain that the pleasure principle concerns only the resultant pleasure, and is in no way applicable to the component pleasures, which may increase or decrease in any manner, with the sole restriction that their changes shall bring about an increase of the resultant in accordance with the pleasure principle.

Another way of viewing the same thing is to say that in the past the tacit assumption has been made that when the organism is subjected to sources of pleasure and unpleasure simultaneously, the resultant is given by combining the components by the process of simple addition. In this case the pleasure principle would apply equally to the components and to the resultant alike, and the necessity for keeping the two concepts separate in the mind would not arise to the same extent. Although this simple addition law is not in accordance with the observed facts, it seems to me that it would be extremely difficult to avoid falling into this trap except by adopting the mathematical approach to the problem.

The theory as here presented suffers from at least two serious limitations : firstly the combination law represented by equation (6) is not universally valid, and to make matters worse, the conditions which are necessary and sufficient for its validity are not known, and secondly equation (6) must be an approximation only, because in changing sign P always passes through the values plus and minus infinity, and it is highly improbable, to say the least of it, that this represents the actual state of affairs in the normal functioning of the psychic apparatus, even if, as seems fairly likely, something of the kind happens in the case of neurotic symptom formation. However, there are reasons for believing that if the theory could be generalized by the use of vectors so as to take account not only of the magnitudes of the component pleasures, but also of the ' directions ' from which they enter the ego, these defects might be removed. That, however, is a matter for the future.

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A COUNTING COMPULSION

A Contribution to the Unconscious Meaning of Time [1]

BY

LEO H. BARTEMEIER

DETROIT

It is a fact of our common observation that an occasional compulsiveness in counting is one of the manifestations of the psychopathology of everyday life. En route to the theatre, for example, many persons remain uneasy and only become more comfortable after they have counted their tickets again although they know they have the correct number. It is not uncommon for us to note the occasional occurrence of compulsive counting in patients who consult us for other reasons which are far more important to them. It is rather rare, however, for a counting compulsion to be one of the principal complaints which brings a person to analysis, so that only infrequently do we have the opportunity to investigate the significance of such a problem quite extensively. Inasmuch as counting is itself intimately related to our psychological conceptions of time and space, whatever additional information we can gain about compulsive counting may throw further light on these phenomena, about which our knowledge remains incomplete. This communication will confine itself to the probable ætiological factors in a counting compulsion and its significance in the psychic economy of a young married woman who came into analysis.

Only a few articles on this subject have appeared in the psychoanalytical literature. Freud (1895) wrote briefly about a woman who 'became obliged to count the boards in the floor, the steps in the staircase, etc.—acts which she performed in a state of ridiculous distress. She had begun the counting in order to turn her mind from obsessive ideas of temptation. She had succeeded in so doing, but the impulse to count had replaced the original obsession.'

Hárnik (1924) referred to Reik and to Róheim, who had emphasized the sadistic element in counting and the rôle of dominating, controlling and taking possession of objects through this process. Róheim had observed that the Seri Indians, who had a most primitive economic system, were interested in the undigested, and therefore again diges-

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[1] Read before the Annual Meeting of the American Psychoanalytic Association, at Richmond, Virginia, on May 5, 1941.

tible, parts of fruit which they collected. Hárnik's patient recalled a competitive game with her two sisters, in which they counted the undigested currants in their fæces. He saw in this action both the anal-erotic interest and the taking possession of objects through counting.

Fenichel (1932) thought that perhaps the deepest meaning of compulsive counting was a defence against wishes to kill, 'for counting things insures that none of them are missing'. He said that counting itself had the meaning of taking possession, of mastering.

Berta Bornstein (1930) described the development of a counting obsession during the analysis of a child. It appeared as a defence against her death wishes towards her siblings.

Schilder (1936) stated that 'counting and dividing into parts have a very close relation. To divide into parts means tearing and destruction. . . . Aggression is obviously not merely derived from oral and anal tendencies. It serves the purpose of orientation and self-assertion in the world.' He believed that 'counting is among the fundamental functions of the ego.' In one article (1938) he presented 'seven cases of obsessional neuroses in which definite organic signs reminding of symptoms observed in epidemic encephalitis were disclosed by neurological examination.' He concluded that 'compulsion neurosis cases of this type show a particular relation to numbers and counting.'

The patient whose problem I will now describe was an attractive and intelligent woman of twenty-six. Two of her maternal uncles had been addicted to alcohol, her father's brother was regarded as very peculiar, and she had known from her seventeenth year that her father also 'counted things'. Her own counting had antedated this discovery. She had a brother eleven months her senior and two sisters who were five and ten years younger than herself. Her counting compulsion, which had been present for a number of years without causing her much distress, became so markedly exaggerated soon after her marriage that it seriously interfered with her thinking and her attention. As her counting was gradually replaced by the eruption of anxiety, she came for treatment with the complaint that she was 'losing her mind'.

Her marriage to a man who was closely attached to his mother precipitated her neurosis, because it reactivated her intense infantile conflicts involving her brother and her mother. Her husband represented her rival sibling, who had been strongly preferred by their

mother because he was a boy. Her hatred of her brother, therefore, was derived primarily from her envy of his penis together with his lack of affection for her. We shall see later how she attempted to cope with this problem.

The patient was unable to recall the onset of her counting and believed that it had developed insidiously. She was certain, however, that for years she had been counting for some part of every waking hour. At times she felt quite desperate about it because she was so helpless to stop it. Whenever she was unable to achieve the number she was striving for, she became perplexed and anxious and would begin her counting anew. Although her compulsion annoyed her because it interfered with clear thinking, she invariably experienced the same satisfaction in completing her calculation and she was always very determined about it. The object of her striving was usually the number sixty, which she regarded as ' truly even and most perfect '. She said that the number twelve was equally satisfying. It was her custom to count by ones to twelve, or to imagine she had already done so, and then to reach sixty in multiples of twelve. In executing this calculation she counted on her fingers by flexing them almost imperceptibly. Beginning with the little finger on the right hand she counted to five, and then, starting with the little finger on the left hand, she continued on to ten. Finally, she counted each little finger again. In this way she arrived at twelve. She would then move both her little fingers simultaneously, counting the pair of them as twelve. She repeated this motion with the succeeding pairs of fingers and, as each of these also represented twelve, she arrived at sixty as she counted her thumbs. She remarked that she always felt pleased when sixty was in her ' grasp '.

It will be observed from this description that her counting to twelve signified the counting of the hours as they are indicated by the numerals on a timepiece, and that the movements of her fingers, like the movements of the clock-hands, were made almost imperceptibly. She completed the counting of twelve on the same fingers with which she began it, like the hands of the clock which return to their starting point in completing the cycle of the hours. The number sixty represented the number of minutes in an hour and the number of seconds in a minute. The involving of both her hands represented the movement of the two clock-hands, and the way in which she used her hands in counting to twelve had a specific significance which I will discuss shortly. We observe that through her system of counting she

was magically measuring time, and that the specific method she had devised for accomplishing this was derived from the mechanism of a clock. In her counting she was making time. She did not need a clock. We are reminded, in this connection of Schilder's (1935) quotation from a schizophrenic patient who said: 'My head is a clock, an apparatus. I make the time, the new time as it should be.' My patient always said she represented the number twelve, and once remarked that she 'often felt tight inside like a clock, which, with one more turn, will burst its spring'. That she was partially aware that her tension was derived from her sadistic impulses, was indicated by her statement during the same analytic hour that some great destructive force seemed to be working inside her and carrying her to some unknown place.

Her unconscious phantasy of measuring and regulating time, through her counting of numbers, was a defence and simultaneously a discharge of her sadism in minute quantities. Counting in numerical units of one released small fractions of this impulse, and after a certain quantity had been discharged she could increase the rate of discharge, in what, to her, signified larger quantities, that is, multiples of twelve. We are all familiar with the maxim that when one feels very angry it is best to count to ten before speaking. This connection between counting and anger suggests an unconscious recognition that counting in these circumstances may dissipate a partial quantity of affect, so that the later utterance is apt to be less devastating. Freud (1933) has told us that 'thinking is an experimental dealing with small quantities of energy', and the same may be said of the compulsive counting which had, in part at least, replaced the thinking of the patient I have been describing. Her counting represented her attempt to master her instinct by discharging it in sufficiently small quantities to prevent the outbreak of anxiety. This had evidently worked quite well for a number of years, but soon after her marriage, which brought an intensification of her instinctual impulses, her defence was no longer adequate.

Counting to twelve was especially satisfying to this patient because the idea of the number twelve represented a combining of one and two, that is, male and female, and therefore 'complete' and 'even'. The synchronous movements of her fingers, which accompanied her counting, unconsciously signified handling something in order to make up for her being deprived of the possession, the sight and the control of a desired object. Her counting, therefore, was not only a

defence and a discharge of her sadism but a magical possession of her brother's penis as well.

During the course of the analysis the patient was encouraged to verbalize her counting, and as she did so the word 'fæces' began to be interspersed among the numbers and then fleeting imagery of intercourse with the analyst emerged. She became concerned lest each time the word fæces appeared the images of intercourse would also recur. An interpretation that fæces and numbers were synonymous and that her frigidity was evidently associated with the discharge of her sadistic impulses resulted in the following information. She said that after retiring for the night she was often unable to sleep and was restless. After counting for an hour or so she would experience an urge to defæcate, and, after accomplishing this, she was able to fall asleep almost immediately. Without knowing why, she was most careful on these occasions to conceal her behaviour from her husband. The sedative effect of her defæcation immediately suggests that it was a substitute for a satisfying intercourse and that it also served the release of her anal sadism. Inasmuch as it eliminated the necessity for further counting, we may conclude that her counting served as a method of discharge for both her anal-erotic and anal-sadistic impulses. Furthermore, defæcation was that which she could make alone without the help of anyone else. It was like her magical making of time and upon its completion she always had the feeling of great accomplishment. She was a person who had special pleasure in defæcating and one who had often played with her fæces as a child. That her counting also involved oral sadism as well was suggested by her remark that her counting was 'time-consuming', and by the fact that her speech was markedly inhibited.

The origin of her compulsive counting was connected with her peculiar reaction to time during the years of her childhood. Her counting of numbers, which represented an active measuring and regulating of time, stood in sharp contrast to the helpless and utterly futile feelings she had experienced during her earlier years that time passed so slowly and seemed so endless. She had felt oppressed by time. School terms seemed like eternity, and even at their end she had the unpleasant feeling that the summer vacation was stretching out before her endlessly. Her attitude was obviously the reflection of her intense unhappiness during those years, in which she felt so forlorn, so alone and so unloved. She remembered, too, that as a child she often phantasied the death of one person after another in her family

and later she wondered if she would eventually come to feel in the same way about her husband and any children to whom she might give birth. She felt as helpless about these death wishes, which she also imagined as extending throughout her future, as she did about the endlessness of time, and obviously the former were displaced and projected upon the latter and time came to stand for death. As a child she often wondered anxiously what was to become of her. During her analysis she recognized that her feeling of anxiety was a repetition in a more severe form of those earlier apprehensions. This displacement and projection of her death wishes on to time made it necessary for her to attempt a mastery over this substitute, and in this way, we imagine, her magical measuring of time through her counting was developed. During brief periods in the early part of her analysis, when she was free from anxiety, she would think: 'If time would only stop now, my horrible fear would never return.' In other words, if her destructiveness would cease she would never need to experience anxiety again. For many years she had always thought that time should stop between twelve and three on Good Friday, and again we see the connection she made between time and death. During her pre-adolescence she thought that had she been born in a different age things might have gone better for her and there might have been something for her. During her analysis she dreamed she was living in the time of Christopher Columbus. Her wish to have been born in a different age represented her wish to have been born at an earlier time and in place of her brother. During her school years, arithmetic had always been her most difficult subject, whereas her brother was an excellent mathematician and even devised his own systems for calculating. The patient thought this was due to his natural ability inasmuch as he was a boy. We see then, that her counting was an unconscious identification not only with her father but also with her brother.

In another type of counting in which this patient frequently engaged, she was not intent upon reaching a certain arithmetical goal. Instead, she directed her attention to a certain few of her movements, which she counted aimlessly by ones until she was otherwise distracted or interrupted. The compulsive element in this type of counting was less evident, for there was never any manifestation of anxiety or even the least feeling of uneasiness when it was discontinued. In this respect it more nearly approximated to normal counting.

Among the various movements which she counted, those connected

with her breathing occupied her the most frequently. She emphasized that she did not count each respiratory phase, but that she reckoned the complete cycle as one. While counting her breathing she experienced the feeling of pushing her whole body forward and backward synchronously with each respiratory excursion.

Although the patient had a moderate halitosis, she was irrationally concerned about the malodour of her breath. She scrubbed her tongue with a tooth brush before the analytical hours and chewed gum during them. If, by chance, I opened the window at the end of the period she was convinced I did so because of the offensive odour of her breath. These facts suggest the idea that her breath had the unconscious significance of flatus and her phantasy of forward and backward bodily motion accompanying her respirations is indicative of their sexual nature. This anal dramatization of the sexual act was a portrayal of the primitive conception sometimes found among children, which has been described by Jones (1911). According to this notion, flatus, ' on account of the idea of penetration to a distance, is sometimes conceived of by children as constituting the essential part of coitus. . . . ' We now understand why the patient laid stress on the two phases of respiration and why she counted them together as one. In doing so, she was defending herself against her painful feelings of incompleteness as a girl and at the same time obtaining a satisfaction of an ancient wish.

Combining the two movements into one was not only her way of representing herself as her brother and herself in one person, but it was also her magical way of converting two into one, that is, female into male. That the movements of her body were substitutes for penis movements was also evident in her counting each complete stroke of her fingers as she masturbated and each movement of her body during intercourse. This substitution of the whole for a part was likewise clearly expressed in her statement that she also counted the spaces between trees, posts and bushes, provided they were large enough for her to enter them in the upright position. In her counting of specific movements, she was attempting to overcome her intense penis envy. Her counting again was a defence and a gratification. A few events from her analysis indicate how she had expressed her wish in different ways. When she was a small child she often referred to her brother and herself as ' we and Joseph '. This substitution reveals how unhappy she was about the close relation which existed between her mother and her brother and how she felt excluded. In

her childish speech she represented herself in her brother's place with her mother and expressed this by the term ' we ', whereas she simultaneously put her brother in her own place—alone, unloved, and excluded. During her analysis at times, when she was present in a mixed group, she imaginarily combined two persons of the opposite sex into one, representing this unit as twelve. Inasmuch as she also thought of herself as standing for twelve, we see that this meant a denial of her castration. In a dream she was the man analyst having intercourse with herself as a woman. Her husband was sometimes awakened to find her lying on her abdomen working her body vigorously forward and backward in her sleep like a man in intercourse.

In a third type of counting this patient directed her attention to square, oblong, or otherwise symmetrical objects with sharp and well defined lines and angles, such as doors, windows, panels, mouldings patterns, pavement squares and legs of furniture. She counted the edges or outsides of these objects and never the centres. It was usually her aim to count to sixty in multiples of twelve, although this was not invariably her rule. This type of counting was characterized by certain imaginary movements which she performed synchronously with her counting. She imagined that her eyes, like pencils, were tracing out the edges of the objects as she counted them or that she was pressing out the objects with her fingers. She often said that the process was more a tracing or a pressing than a counting. Her own description reveals that while it was principally concerned with the discharge of her sadistic impulses, it represented a spreading out of the original method of defence. Counting no longer sufficed in itself, and imaginary eye and finger movements became necessary. This was particularly well illustrated in one analytical hour in which she was silently counting the moulding and the door frame in the analytic room. After this had been going on for several minutes and she was unable to interrupt it, she was strongly encouraged to do her counting out loud. As she did this, her counting was soon replaced by a phantasy in which she was pulling off my nose, tearing off my ears, plucking out my eyes, scratching my face and finally disembowelling me with her hands. In this form of counting, the edges of objects having sharp and well-defined lines and angles were selected because of their libidinal significance, while the touching activity of her eyes and the pressing movements of her fingers gave partial expression to her castrative and other destructive impulses.

The study of the counting compulsion of this patient brings into

bolder relief some of the facts previously reported by other investigators and it also adds some new details not hitherto described. The duodecimal system of counting which she employed was not only derived from what she had learned about telling the time but also represented an archaic method of reckoning. The displacement and projection of her sadism on to the concept of time was abundantly overdetermined by her early life experiences. The real or phantasied movements which she executed synchronously with her compulsive counting had more significance than the counting itself. It was a fact of her life history, in her earlier years, that, although she was younger than her brother, she excelled him in her muscular co-ordination. She had learned to walk sooner than he had, she climbed more easily and with greater accuracy of movement and, because of these accomplishments, she had won approval from her mother. In her attempt to deal with her penis envy, she therefore chose a method of expression which had once afforded her the feeling of being more competent than her hated rival. When, in the course of her lengthy and stormy analysis, these problems had been worked through, her counting compulsion gradually disappeared almost completely.

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